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COVID-19 BILLING & CODING: Updates and Frequently Asked Questions

Public Health Emergency

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Disclaimer Statement

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Agenda

What will we cover today?

- New International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) Codes effective August 1, 2020
- New Current Procedural Terminology (CPT®) Codes
- Evaluation and Management (E/M) versus Originating Site Fee
- Other items and Frequently Asked Questions (FAQs)
- Proposed rule topics resulting from COVID19 waivers & flexibilities

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New Codes

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New ICD-10-PCS Codes – August 1, 2020

XW013F5 – Introduction of Other New Technology Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 5

XW033E5 – Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5

XW033F5 – Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 5

XW033G5 – Introduction of Sarilumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5

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New ICD-10-PCS Codes – August 1, 2020

XW033H5 - Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5

XW043E5 - Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5

XW043F5 - Introduction of Other New Technology Therapeutic Substance into Central Vein, Percutaneous Approach, New Technology Group 5

XW043G5 - Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5

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New ICD-10-PCS Codes – August 1, 2020

XW043H5 – Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5

XW0DXF5 – Introduction of Other New Technology Therapeutic Substance into Mouth and Pharynx, External Approach, New Technology Group 5

XW13325 – Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5

XW14325 – Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5

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CPT® Codes – Effective August 10, 2020

0225U Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected

0226U Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum

86408 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen

86409 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer

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CPT® Codes – Effective June 25, 2020

0223U Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

0224U Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed

87426 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

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Proprietary Laboratory Analyses (PLA) Codes

Example CPT® code 0202U Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

- Represents the BioFire® Diagnostics Respiratory Panel 2.1 (RP2.1)
- What if you use this test, but only test for 1 target?
- Unable to use this code, as the description states “each pathogen reported as detected or not detected”

- **CPT Guidelines**
  - In order to report a PLA code, the analysis performed must fulfill the code descriptor and must be the test represented by the proprietary name listed in Appendix O. In some instances, the descriptor language of PLA codes may be identical and the code may only be differentiated by the listed proprietary name in Appendix O.

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MLN Matters® Article SE20015 20% MS-DRG Adjustment

Effective with admissions September 1, 2020, claims eligible for the 20 percent increase in the Medicare Severity-Diagnosis Related Group (MS-DRG) weighting factor will be required to have a positive COVID-19 laboratory test documented in the patients medical record.

- Must have the results of the laboratory test
- Viral test performed within 14 days of the admission
- Can include tests performed by an entity other than admitting facility
- Can be imported into the medical record

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MLN Matters® Article SE20015 20% MS-DRG Adjustment

Other tidbits:

- If it's over 14 days, "CMS will consider whether there are complex medical factors in addition to that test result for purposes of this documentation requirement."
- If the patient has a COVID-19 diagnosis, but no evidence of a positive test result, facility can decline the additional payment when claim is submitted
- Call your local Medicare Administrative Contractor (MAC), who has an internal claims processing code for processing
- The price won't be updated until the October 2020 release
- No longer allows for physician's clinical impression to be sufficient to support positive diagnosis

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Diagnosis Coding Guideline Change

Fiscal Year (FY) 2021

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, ~~**or a presumptive positive COVID-19 test result**~~. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient.

~~**Presumptive positive COVID-19 test results should be coded as confirmed. A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC). CDC confirmation of local and state tests for COVID-19 is no longer required.**~~

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID19, do not assign code U07.1. ~~**Assign a code(s) explaining the reason for encounter (such as fever) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.**~~

FY 2021

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of a positive test result for COVID-19; the provider's documentation that the individual has COVID-19 is sufficient.

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See guideline I.C.1.g.1.g.

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Evaluation and Management (E/M) versus Originating Site Fee

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E/M vs. Originating Site

Is there a Distant Site Practitioner who is billing for services on the list of telehealth services?

- Also using modifier 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
- Distant site is where the provider is located

Yes –

If patient is registered outpatient and hospital staff is supporting the professional telehealth services, bill Healthcare Common Procedure Coding System (HCPCS) code Q3014 *Telehealth originating site facility fee*

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E/M vs. Originating Site – No Distant Site

Can the hospital service be furnished remotely to a patient in an off-campus provider-based department?

YES –

When hospital staff furnish a remote hospital service using telecommunications technology, bill as if the care was furnished in the hospital

- Can include HCPCS G0463 Hospital outpatient clinic visit for assessment and management of a patient

NO –

When the hospital sends staff to the patient's home, the hospital may bill as if the care was furnished in the hospital

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E/M vs. Originating Site – Providers

What kind of providers or services? (Assume practicing according to state scope of practice)

- Behavioral health counseling
- Nutrition services
- Registered Nurse (RN)
- Pharmacist (as long as not covered under another payment system, eg Part D)
- Chemotherapy (in the patient's home)

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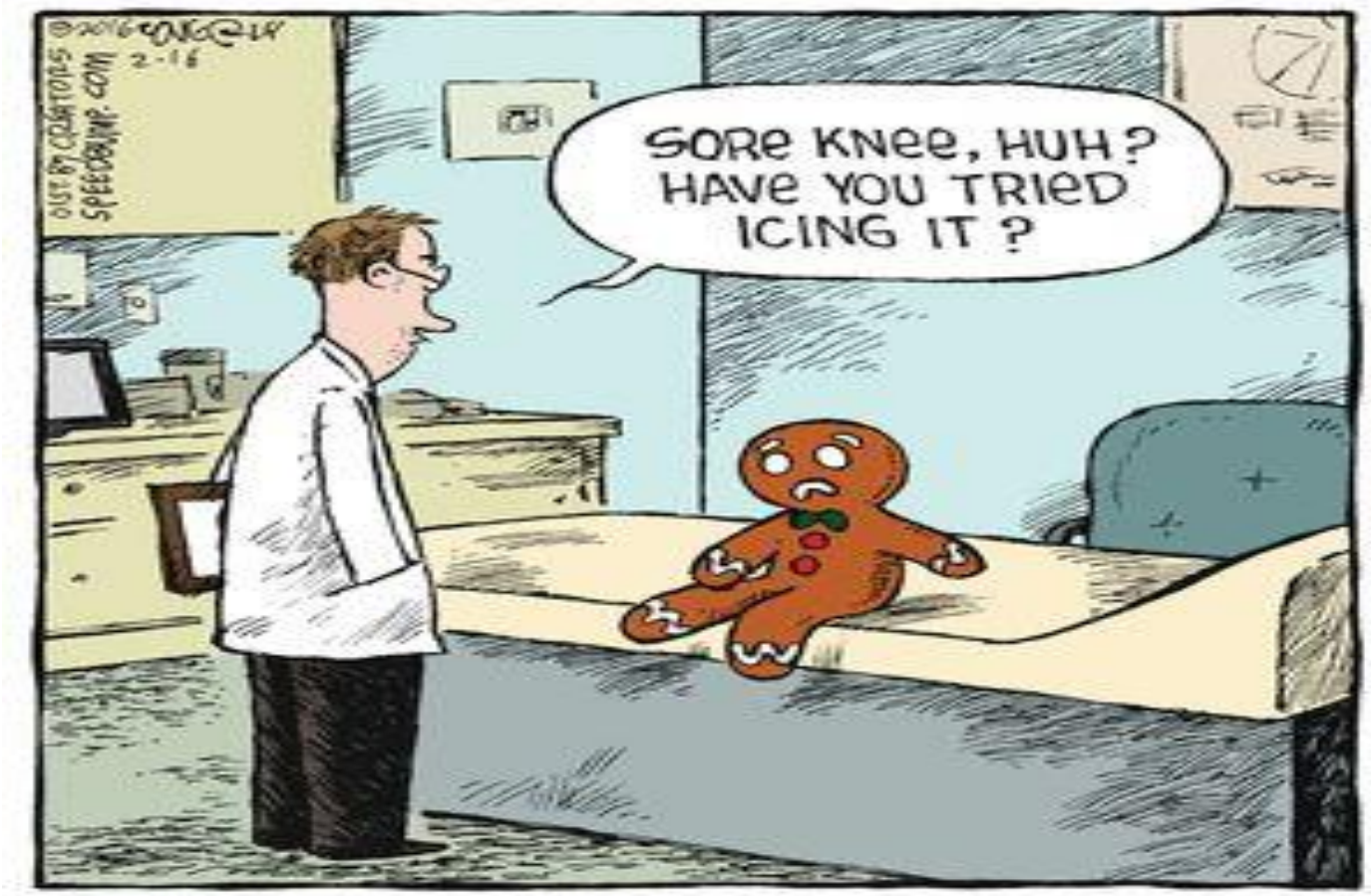
Other Items and FAQs



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PT, OT, SLP Via Audio/Visual Telecommunication

Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP) Professional Services

- Claims submitted on the CMS-1500
- Use modifier 95 *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*
- *Use Place of Service (POS) that best describes the location where the therapist normally furnishes care*

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PT, OT, SLP – Hospital Services

There are two options for facilities who bill outpatient therapy performed by hospital employees

- Determine whether or not you will be providing telehealth services
- Services furnished would be on CMS' telehealth list
- Use modifier 95 on each telehealth service
- No Place of Service necessary on the UB-04 claim form
- Not able to submit Q3014 Telehealth originating site facility fee – patient's home is not designated as PBD

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PT, OT, SLP – Hospital Services

Option 2 – Patient's home is designated as a PBD

- Not limited to services on the telehealth list
- Do not use modifier 95
- Do use modifier PN *Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital* or PO *Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments*
- *No restriction regarding reporting Q3014 Telehealth originating site facility fee*

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Specimen Collection Charges

Independent Laboratories

- G2023 Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
- G2024 Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source
- Both assigned to status indicator B Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).

Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)

- G2025 Payment for a telehealth distant site service provided by a rural health clinic (RHC) or federally qualified health center (FQHC) only

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Specimen Collection Charges

Physician Office or Clinic

- CPT® for the E/M includes obtaining specimen
- No office visit - CPT® 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services

Hospital

- HCPCS C9803 Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease [COVID-19], any specimen source
- May be reported with other services, but will be packaged into other services

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Pre-Admission Testing

Inpatient Admission

- Package into the DRG if it's within the 3-day (or 1-day) payment window

Outpatient Admission

- Will package when there's another STV-status indicator service is on the same day

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Pharmacist

Hospital-employed pharmacists are considered ancillary or auxiliary staff

- State scope of practice regulations and other state laws
- Incidental to a physician's or non-physician's plan of care
- Services not reimbursed under a different payment system
  - Part D dispensing
  - Opioid Treatment Program
- Appropriate level of supervision
- Specimen collection HCPCS C9803, CPT® 99211 E/M

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Proposed Rule Topics Related to COVID-19

"Doctor says I've got an enlarged procrastinate."

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OPPS Proposed Rule Topics Related to COVID-19 Waivers

Should HCPCS code C9803 be kept past the public health emergency (PHE)?

- Extend usage of code or make permanent
- Raises possibility that PHE will carry into 2021

- **Nonsurgical extended duration therapeutic services (NSEDTS) supervision change to general supervision for the entire service**
- **Comments due by October 5, 2020**

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Medicare Physician Fee Schedule (MPFS) Proposed Rule

Creating additional category of Telehealth services – professional

- **Change direct supervision to permit virtual (audio/visual) presence**
- **Expand to allow supervision of diagnostic procedures to allow health professionals practice at the top of their license**
  - Allowing Advanced Registered Nurse Practitioners (ARNPs) to supervise diagnostic procedures
- **Teaching facilities –**
  - Direct supervision by audio/visual presence
  - Residents moonlighting in inpatient setting

Questions?

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References

Remdesivir Emergency Use Authorization

- https://www.fda.gov/media/137566/download

- **COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing**
  - https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

- **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**
  - https://www.cms.gov/files/document/se20015.pdf

- **American Medical Association Special Coding Advice During COVID-19 Public Health Emergency**
  - https://www.ama-assn.org/system/files/2020-05/covid-19-coding-advice.pdf

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