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COVID-19 BILLING & CODING: Recent Updates and Review of Changes

Public Health Emergency

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Disclaimer Statement

This webinar/presentation was current at the time it was published or provided via the web and is designed to provide accurate and authoritative information in regard to the subject matter covered. The information provided is only intended to be a general overview with the understanding that neither the presenter nor the event sponsor is engaged in rendering specific coding advice. It is not intended to take the place of either the written policies or regulations. We encourage participants to review the specific regulations and other interpretive materials as necessary.

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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
- Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) code updates
- Evaluation and Management (E/M) versus Originating Site Fee
- Modifier CS and Associated CPT®/HCPCS Codes
- Pre-Admission COVID19 Testing and New International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Diagnosis Code Reporting
- Possible new diagnosis codes January 1, 2021

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Public Health Emergency Renewed

Renewal of Determination That A Public Health Emergency Exists

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective October 23, 2020, my January 31, 2020, determination, that I previously renewed on April 21, 2020 and July 23, 2020, that a public health emergency exists and has existed since January 27, 2020, nationwide.

Source:
https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx

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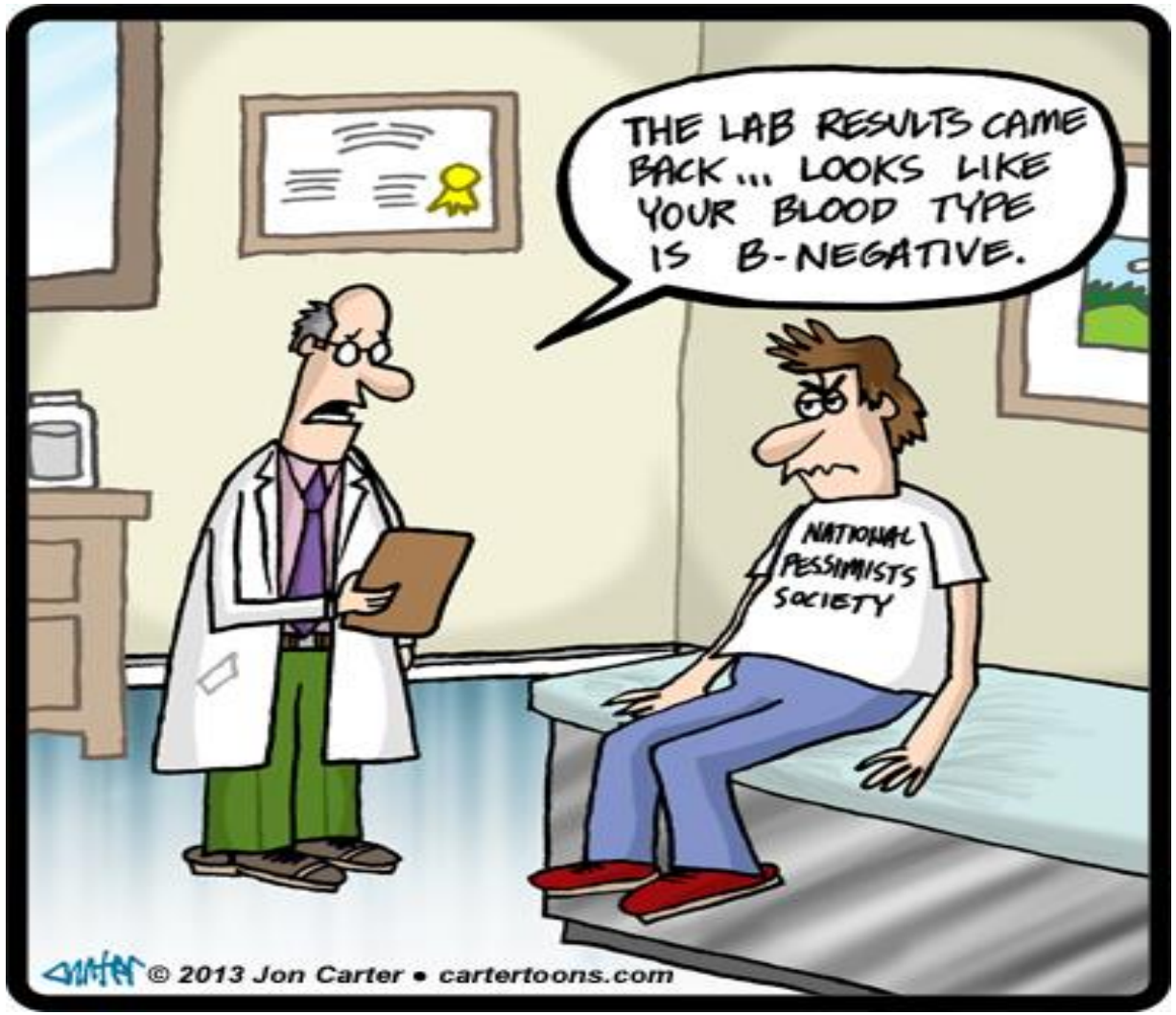
New Codes



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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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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
- **Notifying your local Medicare Administrative Contractor (MAC)**
  - Electronic - Enter Billing Note NTE02 No Pos Test
  - Paper – Enter Remark No Pos Test in Form Locator (FL) 80

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CPT® Codes – Effective October 6, 2020

87636 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

87637 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

- Parent code is 87301

87811 Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

- Parent code is 87802

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CPT® Codes – Effective October 6, 2020

0240U Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected

- COVID-19, flu A & B

0241U Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected

- COVID-19, flu A & B, RSV

Emergency Use Authorization by U.S. Food & Drug Administration (FDA)

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CPT® Codes – Revisions October 6, 2020

Microbiology Guidelines Updated

- Single-step versus multiple-step methodology
- Immunofluorescence
- Direct Optical Observation

Besides CPT® Guideline changes, 40 CPT® codes revised

- CPT® codes 87301-87430 revised to include “fluorescence immunoassay” and remove reference to multiple-step method
- CPT® codes 87802-87899 revised to include the phrase “(ie, visual)”
- Caused CPT® code 87450 to no longer be necessary
- CPT® Parenthetical note added to point to either immunoassay technique or direct optical visualization

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CPT® Codes – Revisions October 6, 2020

87301 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41

- Parent code, so this affects codes 87305-87451
- Codes 87449 and 87551 are now child codes to CPT® code 87301

87802 Revision: Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B

- Parent code, so also affects codes 87803-87810, 87850-87899

Updates won't be published until the CPT® 2022 Manual is available

Next PLA meeting around October 28, 2020

Next CPT® Editorial Panel meeting on or around November 5, 2020

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CPT® Codes – Revisions October 6, 2020

When identifying infectious agents on primary source specimens (eg, tissue, smear) microscopically by direct/indirect immunofluorescent assay [IFA] techniques, see 87260-87300

When identifying infectious agents on primary source specimens or derivatives via non-microscopic immunochemical techniques with fluorescence detection (ie, fluorescence immunoassay [FIA]), see 87301-87451, 87802-87899

When identifying infectious agents on primary source specimens using antigen detection by immunoassay with direct optical (ie, visual) observation, see 87802-87899

For similar studies on culture material, refer to codes 87140-87158

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CPT® Codes – Effective September 8, 2020

86413 Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative

- Other antibody tests are qualitative or semiquantitative
- To assist with epidemiology, pathogenesis, prevention and treatment

99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

- Captures additional clinical staff time
- Three surgical masks
- Cleaning supplies, such as hand sanitizer, disinfecting wipes, sprays, and cleansers

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

"Can you put my arm in a sling for a couple of weeks so I can get out of doing the dishes?"

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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?

- 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 (PBD)?

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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Relocated/Remote Provider-Based Department

All hospitals that relocate excepted on-or off-campus PBDs should notify their CMS Regional Office (RO) by email with the following information

- Hospital's CMS Certification Number (CCN)
- Address of the current PBD
- Address(es) of the relocated PBD(s) – can be patient's home
- Date you began furnishing services at the new PBD(s)
- Brief justification for the relocation and the role of the relocation in the hospital's response to COVID-19, and include why the new PBD location is appropriate for furnishing covered outpatient items and services
- Attestation that the relocation is not inconsistent with your state's emergency preparedness/pandemic plan

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Other Items and FAQs

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Modifier CS Updates

List of codes appropriate for using modifier CS *Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency*

- Separate lists for different providers
- Codes on the list vary

- ***Integrated Outpatient Code Editor (I/OCE) added Return To Provider (RTP) edit when CS modifier is on a code that is not eligible for the waiver.***
- ***Edit 114 Item or service not allowed with modifier CS retroactively effective to March 18, 2020***

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Examples of Codes Eligible for CS Modifier

Facility	Professional
G0463	99091
C9803	99201-99233
G0378-G0379	99238-99239
G0380-G0384	99281-99292
99281-99285	99304-99310
99291	99315-99318
99304-99310	99324-99328
99315-99318	99334-99359
99324-99328	99406-99407
99334-99350	99421-99423
98970-98972	99441-99499
99421-99423	70+ more codes

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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*

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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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Pre-Admission Testing

Modifier CS *Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency*

- "…During the COVID-19 PHE, the modifier can be reported with separately reported visit codes that result in an order for or administration of a COVID-19 test, when they are related to furnishing or administering such a test or are for the evaluation of an individual for determining the need for such a test."

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Diagnosis Coding Guideline Changes

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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Diagnosis Coding Guideline Changes

(e) Exposure to COVID-19

For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. See guideline I.C.21.c.1, Contact/ Exposure, for additional guidance regarding the use of category Z20 codes.

If COVID-19 is confirmed, see guideline I.C.1.g.1.a.

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Diagnosis Coding Guideline Changes

(f) Screening for COVID-19

During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).

Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

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Diagnosis Coding Guideline Changes

(h) Asymptomatic individuals who test positive for COVID-19

For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

(i) Personal history of COVID-19

For patients with a history of COVID-19, assign code Z86.19, Personal history of other infectious and parasitic diseases.

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Diagnosis Coding Guideline Changes

(j) Follow-up visits after COVID-19 infection has resolved

For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.19, Personal history of other infectious and parasitic diseases.

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Diagnosis Coding Guideline Changes

(k) Encounter for antibody testing

For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination.

Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.

For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.

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September 8-9 ICD-10 Coordination & Maintenance Committee

Proposed new codes for COVID-19 related issues – January 1, 2021

- Multisystem inflammatory syndrome
  - M35.81 Multisystem inflammatory syndrome
  - M35.89 Other specified systemic involvement of connective tissue
  - Also known as Pediatric Inflammatory Multisystem Syndrome
- Pneumonia due to coronavirus disease 2019 (COVID-19)
  - J12.82 Pneumonia due to coronavirus disease 2019

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September 8-9 ICD-10 Coordination & Maintenance Committee

- Other COVID-19 issues
  - Z11.52 Encounter for screening for COVID-19
    - Asymptomatic patients, otherwise use signs & symptoms
    - May cause a change to the guideline regarding screening during pandemic
  - Z20.822 Contact with and (suspected) exposure to COVID-19
  - Z86.16 Personal history of COVID-19
  - Comment: Observation for exposure ruled out?

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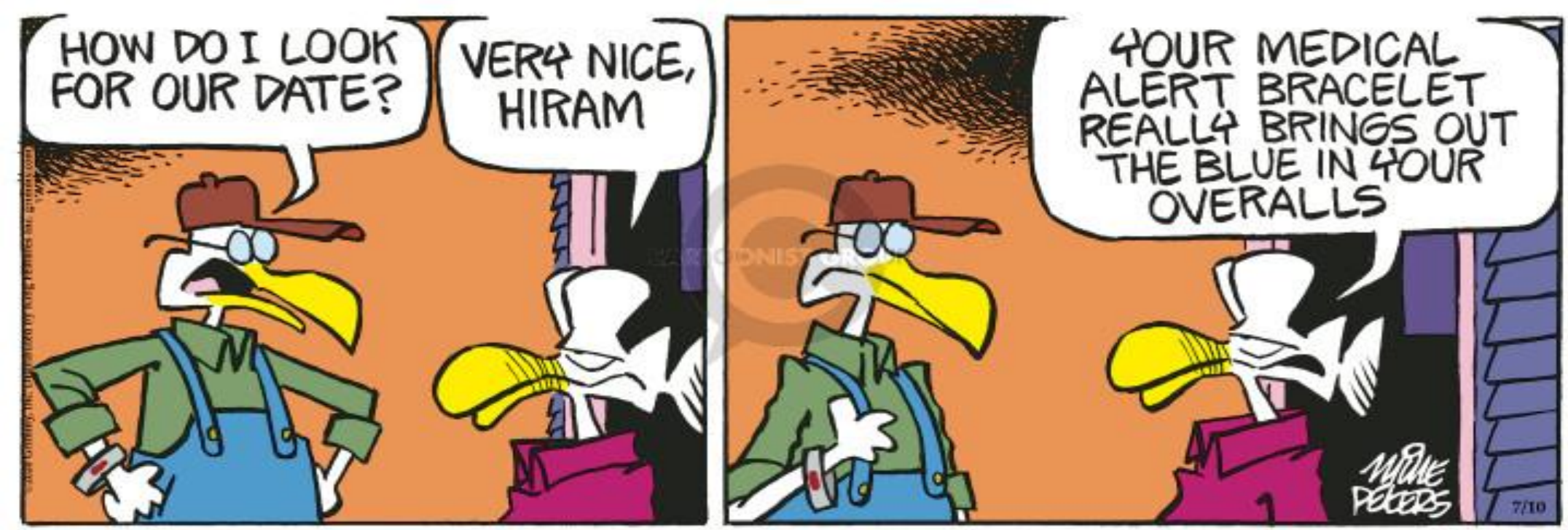
Proposed Rule Topics Related to COVID-19



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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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Remdesivir Emergency Use Authorization

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

- **American Medical Association Special Coding and Guidance**
  - https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance

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- **CS modifier approved use codes for OPPS providers**
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- **CS modifier approved use codes for RHC/FQHC**
  https://www.cms.gov/files/document/cs-waiver-opps-codes.pdf

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