

Coding & Billing During COVID-19

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Q&A and Networking

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Session Goals

1. Awareness of ICDs, CPTs, HCPCS, POS
2. Awareness of Federal Mandates
3. Awareness of State Level “Flexibilities”

COVID-19 - Resources

1. [PCC COVID-19 Resources](#)
2. [AAP Coding for COVID-19 and Non-Direct Care](#)
3. [AAP Telehealth Resource](#)
4. [Medicaid.gov Disaster Response Toolkit](#)
5. [AMA Physician's Guide to COVID-19](#)
6. [Center for Connected Health Policy - State Laws](#)

Agenda

1. CPT Codes and Modifiers for
Telemedicine in a practice setting
2. ICD Codes for COVID-19
3. Government Responses
4. Payer Coverage Responses

Telephone - Physician

Telephone E&M by a *physician or other QHCP*, *established* patient, parent, guardian not originating from related E/M provided within previous 7 days nor leading to an E/M service or procedure within next 24 hours or soonest available

99441 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion



Telephone - Nonphysician

Telephone assessment and management service by a *qualified nonphysician health care professional, established* patient, parent, guardian not originating from related assessment and management in previous 7 days nor leading to assessment and management service or procedure in next 24 hours or soonest available

98966 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-30 minutes of medical discussion



Online Digital - Physician

PORTAL / EMAIL:

Physician or other QHCP, online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days

99421 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes



Online Digital - Nonphysician

PORTAL / EMAIL:

Qualified *nonphysician* health care professional online digital assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days

98970 5-10 minutes

98971 11-20 minutes

98972 21 or more minutes



Real Time Audio & Video

Evaluation & Management

New Patient **99201-99205**

Established Patient **99212-99215**

May be billed with a modifier and/or place of service (POS) code to report that they were completed via *interactive audio/video*



Remote Well Care

Periodic Comprehensive Preventive Medicine

New Patient **99381-99385**

Established Patient **99391-99395**

MIGHT be billed with a modifier and/or place of service (POS) code to report that they were completed via *interactive audio/video*



Remote + In Office Well Care

Part1: Telemedicine for what can be done remotely
Part2: The rest done in person later. Some carriers want this billed for part2

99024 Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure

Remote + In Office Sick Care

Two-part care: Telemedicine for what can be done remotely. Patient needs labs, vaccines, etc

Unless instructed otherwise *in writing*, report what you did where you did it.

COVID Modifiers

- 95** Synchronous Telemedicine Service
Rendered Via a Real-Time Interactive Audio
and Video Telecommunications System
- GT** Via interactive audio and video
telecommunication services
- CR** Catastrophe / Disaster related

Telehealth Place of Service

02 Telehealth

The location where health services and health related services are provided or received, through a telecommunication system

Counseling, Risk Reduction

Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)

99401 approximately 5 minutes

99402 approximately 30 minutes

99403 approximately 45 minutes

99404 approximately 60 minutes

NOTE: NOT found in Appendix P: CPTs typically performed face-to-face, but may be rendered via synchronous interactive audio and video

HCPCS Virtual Check-In

G2012: 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



HCPCS Video/Image Evaluation

G2010: 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

HCPCS QNHCP Online

Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days;

G2061 5-10 minutes

G2062 11-20 minutes

G2063 21 or more minutes



Add On Codes

- **99056** Service(s) typically provided in the office, *provided out of the office at request of patient*, in addition to basic service
- **99058** Service(s) provided *on an emergency basis in the office, which disrupts other scheduled office services*, in addition to basic service
- **99060** Service(s) provided on an emergency basis, *out of the office, which disrupts other scheduled office services*, in addition to basic service

		Physician Only	Do Not Bill if Related E&M w/in last 7d	Do Not Bill; Add to Related E&M w/in next 7d	Do Not Bill if Decision for Appt in 24h or Next Avail
Real time audio video	99212 -95 8-12 min "Face-to-Face"	X			
	99213 -95 13-20 min "Face-to-Face"	X			
	99214 -95 21-33 min "Face-to-Face"	X			
	99215 -95 34 or + min "Face-to-Face"	X			
	99201 -95 6-15 min "Face-to-Face"	X			
	99202 -95 16-25 min "Face-to-Face"	X			
	99203 -95 26-37 min "Face-to-Face"	X			
	99204 -95 38-52 min "Face-to-Face"	X			
	99205 -95 53 or + min "Face-to-Face"	X			
Below are Established Patient Initiated					
Phone	99441 5-10 minutes of medical discussion	X	X		X
	99442 11-20 minutes of medical discussion	X	X		X
	99443 21-30 minutes of medical discussion	X	X		X
Phone	Qualified Nonphysician Health Care Professional				
	98966 5-10 minutes of medical discussion		X		X
	98967 11-20 minutes of medical discussion		X		X
	98968 21-30 minutes of medical discussion		X		X
Online Digital	Physician or Other Qualified Health Care Professional				
	99421 5-10 minutes cumulative time	X	X	X	
	99422 11-20 minutes cumulative time	X	X	X	
	99423 21 or more minutes cumulative time	X	X	X	
Online Digital	Qualified Nonphysician Health Care Professional				
	98970 5-10 min cumulative over 7d from init message		X	X	All w/in 7d part of cumul. time
	98971 11-20 min cumulative over 7d from init message		X	X	All w/in 7d part of cumul. time
	98972 21 or+ min cumulative over 7d from init message		X	X	All w/in 7d part of cumul. time

COVID-19 - Lab CPT

Released by AMA 3/13/20

87635 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

99000 Handling and/or conveyance of specimen for transfer from the office to a laboratory



COVID-19 - PPE

99070

Supplies and materials (except spectacles), provided by the physician or other qualified health care professional *over and above those usually included with the office visit or other services rendered* (list drugs, trays, supplies, or materials provided)

COVID-19 - CDC ICD Guidance

Confirmed positive COVID-19 **on and after 4/1/20**

U07.1 COVID-19

- Use additional code to identify pneumonia or other manifestations
- Excludes1:
 - Coronavirus infection, unspecified (B34.2)
 - Coronavirus as the cause of diseases classified elsewhere (B97.2-)
 - Pneumonia due to SARS-associated coronavirus (J12.81)

COVID-19 - CDC ICD Guidance

“U07.2 COVID-19, virus not identified is assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.

The WHO also released another code that has not been approved for use in the US at this time (U07.2); therefore, do not report code U07.2 until directed by the National Center for Healthcare Statistics.”



Source: [AAP “Coding for COVID-19 and Non-Direct Care”](#)
Accessed 5/21/20



COVID-19 - CDC ICD Guidance

Confirmed due to COVID-19 for service dates 2/20/20-3/31/20:

B97.29 Other coronavirus as the cause of diseases classified elsewhere

Code as secondary to the manifestation

COVID-19 - Manifestations

- Pneumonia
 - **J12.89** Other viral pneumonia
- Bronchitis *Acute*
 - **J20.8** Acute bronchitis due to other specified organisms
- Bronchitis *Not otherwise specified (NOS)*
 - **J40** Bronchitis, not specified as acute or chronic
- Lower Respiratory Infection NOS, **or** Acute respiratory infection, NOS
 - **J22** Unspec acute lower respiratory infection
- Respiratory infection, NOS
 - **J98.8** Other specified respiratory disorders
- ARDS
 - **J80** Acute respiratory distress syndrome

COVID-19 - Exposure

Possible exposure to COVID-19 that is ruled out after evaluation

Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out

Actual exposure to someone who is confirmed to have COVID-19

Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Signs & Symptoms

Where a definitive diagnosis *has not been established*

R05 Cough

R06.02 Shortness of breath

R50.9 Fever, unspecified

COVID-19 - CDC ICD Guidance

NOTE:

“Diagnosis code B34.2, Coronavirus infection, unspecified, would generally **not be appropriate** for COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.” If the provider documents “suspected”, “possible” or “probable” COVID-19, **do not** assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).”

Other ICDs to Consider

Z60.9 Problem related to social environment, unspecified

Z63.79 Other stressful life events affecting family and household

Z91.89 Other specified personal risk factors, not elsewhere classified

COVID-19 Medicare Guidance

- [**MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET \(3/17/20\)**](#) Effective March 6, 2020 ***and for the duration of the COVID-19 Public Health Emergency***
- “HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.”
- *New Patients allowed but...* “HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.”

COVID-19 and HIPAA

“Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.”

COVID-19 Medicaid.gov

“Eff 3/1/20 ... pursuant to section 1135 of the Act, the Secretary ... invoked his authority to waive or modify certain requirements ... to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.”

...The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.”



COVID-19 Medicaid.gov

The “flexibilities” for which states may have applied include:

- Suspend Medicaid fee-for-service prior authorization requirements.
- Require fee-for-service providers to extend pre-existing authorizations through which a beneficiary has previously received prior authorization through the termination of the emergency declaration

COVID-19 State Examples

Vermont - “Where clinically appropriate”

- ... carriers shall provide coverage for all health care services delivered remotely through telehealth or audio-only telephone by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.
- ... shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telehealth or audio-only telephone.



COVID-19 Vermont State

- ... carrier may charge an otherwise permissible deductible, co-payment, or coinsurance for a health care service delivered remotely through telehealth or audio-only telephone so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.
- ...shall cover the same the number of telemedicine consultations as in-person covered services for each covered person.
- ... may require providers to use telemedicine when clinically appropriate, available, and feasible



COVID-19 Vermont State

- may require practices to notify members in advance that services delivered remotely through telehealth or audio- only telephone will be billed as an in-person visit. Any such notification requirements shall permit providers to notify members during the same call in which services are rendered. No other consent to receive services remotely shall be required.
- ... shall not require providers to have an existing patient relationship with a member in order for the member to be reimbursed for health care services described in subsection (a).



COVID-19 Vermont State

- ... shall provide coverage and reimbursement for Healthcare Common Procedure Coding System (HCPCS) code G2012 (virtual check-in via telephone) to allow providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed.
- (b) Health insurance plans shall not charge a deductible, co-payment, or coinsurance for telephone triage services.
- (a) All health insurance plans shall provide coverage and reimbursement for store and forward HCPCS code G2010 (remote evaluation of a recorded video or image) to determine whether an office visit or other service is needed without member cost-sharing.



COVID-19 Vermont State

- All health insurance plans shall process and reimburse appropriate claims for telephone triage services and health care services delivered through telehealth or audio-only telephone retroactively to a date **no later than March 13, 2020.**
- ... may not deny or limit coverage or reimbursement of health care services delivered remotely through telehealth, audio-only telephone, store-and-forward, and brief telecommunication services based solely on the physical location of the patient or provider.



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Coverage of Telephone Triage Services.

- ...shall provide coverage and reimbursement for Healthcare Common Procedure Coding System (HCPCS) code G2012 (virtual check-in via telephone) to allow providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed.
- Health insurance plans shall not charge a deductible, co-payment, or coinsurance for telephone triage services.



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Coverage of Store and Forward Services.

- ...shall provide coverage and reimbursement for store and forward HCPCS code G2010 (remote evaluation of a recorded video or image) to determine whether an office visit or other service is needed without member cost-sharing.
- Provisions of Act 91 of 2020 relating to coverage and reimbursement for health care services or dental services delivered by store-and-forward means shall take effect on May 1, 2020 if a declared State of Emergency related to COVID-19 exists at that time.



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Claims Retroactivity

All health insurance plans shall process and reimburse appropriate claims for telephone triage services and health care services delivered through telehealth or audio-only telephone retroactively to a date no later than March 13, 2020.



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Compliance with HIPAA

Consistent with guidance issued by the Office for Civil Rights (OCR) ... HIPAA Privacy, Security and Breach Notification Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency, ... carriers shall permit providers to utilize any non-public facing remote communication product that is available to communicate with patients.

[Additional info at HHS website](#)



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Mental Health Parity

- ... plans may not establish any rate, term, or condition that places a greater burden on an insured for access to treatment for a mental condition delivered remotely ... than for access to treatment for other health conditions, including no greater co-payment ... than the co-payment applicable to care or services provided by a PCP under an insured’s policy (or) for specialty mental health care or services than the co-payment applicable to care or services provided by a specialist provider under an insured’s policy.



COVID-19 Vermont State

Vermont - “Where clinically appropriate”

Physical Location of Remote Services

- ... plans and workers’ compensation insurance carriers may not deny or limit coverage or reimbursement of health care services delivered remotely through telehealth, audio- only telephone, store-and-forward, and brief telecommunication services based solely on the physical location of the patient or provider



COVID-19 State Examples

NC Medicaid is requiring -CR for **all** services

- Modifier CR catastrophe/disaster related, must be appended to all claims for CPT and HCPCS codes listed in this policy to relax frequency limitations defined in code definitions.

COVID-19 State Examples

SC Medicaid

“Reimbursement for the telehealth services addressed below is available if the interaction with a Healthy Connections Medicaid member includes at least one remote component. Interactions that include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. Services provided pursuant to the current SCDHHS telemedicine coverage policy should continue to be billed according to those guidelines. The services identified below must meet standard requirements for medical necessity.”



COVID-19 State Examples

Massachusetts

- ... permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth...
- Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods s... Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. Providers will be able to bill MassHealth for these services delivered via telehealth beginning April 1, 2020, for dates of service beginning March 12, 2020.

COVID-19 Payer Responses

- Counseling on COVID codes **99401-99404**
 - Pennsylvania, Highmark has approved the counseling codes for TeleHealth 3/13/20 to 6/13/20

COVID-19 Your State

Press for clarity on:

- Effective dates of relaxed rules
 - Emergency declaration date?
 - Federal?
 - National?
 - End date(s)?
- Approved Modes of Remote Care Delivery
 - Includes Telehealth?
 - Includes Audio only?



COVID-19 Your State

Press for clarity on:

- Parity
 - Coverage or Payment or Both
 - Patient Responsibility
 - Encounter Number Limits
- Codesets Defined

COVID-19 Your State

- Allow New Patients?
- Consent Possibilities
 - Obtain and document verbal during service call
 - Obtain in writing after verbal

COVID-19 Payer Responses

[UHC's Resource Library](#) includes this update at:
May 13 2020, 9:40 p.m. CDT:

- Starting March 18, 2020, UnitedHealthcare expanded our policies around telehealth services for Medicare Advantage, Medicaid and commercial members. In addition, effective on March 31, 2020 until June 18, 2020, we will also waive cost-sharing for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST, with opt-in available for self-funded employers.



Session Takeaways

Be prepared to

1. Bill with a wider than usual variety of code requirements
2. Federally granted State flexibility
3. States have weighed in. Find out what yours is saying.

What Questions Do You Have?

Questions posted in the [Live Session channel of UC Chat](#) will be read aloud by moderator for presenter to answer. Please post your questions in Live Session.

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