



REVENUE CYCLE MANAGEMENT

University Physicians' Association, Inc.
March 24, 2020

www.upasolutions.com

COVID-19 HCPCS, ICD-10, Telemedicine, Reimbursement

In this ever changing environment of COVID-19, we encourage clinicians and integral practice staff to stay up to date on the current CDC and AMA guidance. It's the goal of UPA to share with our providers the most beneficial and current information regarding the impacts on healthcare revenue cycle, however, this information is constantly evolving.

Here's What We Know as of March 24, 2020:

HCPCS:

CMS has released new HCPCS code U0001 (lab testing developed by CDC) & U0002 (lab testing developed by entities other than the CDC) for laboratories conducting COVID-19 testing.

ICD-10:

There is no specific ICD-10 diagnosis code for COVID-19. The CDC has provided interim coding guidance until the new ICD-10 code is effective October 1, 2020. When evaluating patients with symptoms of the virus, ICD-10 coding should be applied based on patient's symptoms, if coronavirus is not confirmed by lab testing. Example: cough, shortness of breath, fever.

Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."

Pneumonia cases confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Lower Respiratory Infection

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.



Jennifer Bright, CPC, CPB, CPPM
Billing, Coding, and Appeals Manager
9000 Executive Park Drive; C200, Knoxville, TN 37923
office : 865.670.6104 cell: 865.776.6072 fax : 865.670.6181
JTBright@utmck.edu \ upasolutions.com

Exposure to COVID-19

For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out. For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

For more details on diagnosis coding, please see the full CDC document [HERE](#)

For the most current news releases from the CDC please visit the website [HERE](#)

Telemedicine & Communication Based Technology:

Telemedicine visits require interactive audio and video communication that permits real-time communication between you at the distant site, and the patient at the originating site.

As of March 17, 2020, CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act allowing a wider range of sites, provider types, and patient statuses eligible for this service to combat the impacts of COVID-19 and comply with CDC recommendations of social distancing.

You can read the full news release from CMS [HERE](#) and access the factsheet [HERE](#).

Common Telemedicine Services CPT & HCPCS:

99201-99215 New & Established Office Visit or other outpatient visits

G0425-G0427 Telehealth consultation, emergency department or initial inpatient (Time-based)

*For a full list of telemedicine services see the [MLN Telehealth Factsheet HERE](#)

Modifiers:

GT- Via interactive audio and video telecommunication systems

GQ- Via asynchronous telecommunications system

95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

G0- Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke

Place of Service: "02" should be applied to telemedicine services

Virtual Check-ins are in brief communication services initiated by established patients that are unrelated to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours. Verbal consent to use virtual check-in must be obtained and documented in the patient's chart prior to service. Deductible and coinsurance for Medicare beneficiaries may apply.

HCPCS codes:

G2012 for an interactive session

G2010 for a remote evaluation of patient-submitted images or video

Online E-Visits are services initiated by established patients using patient portals. Billing is captured over a 7 day period on time-based communications. Deductible and coinsurance may apply.

CPT Codes: 99421-99423 would apply to services performed by physicians

HCPCS Codes: G2061-G2063 would be reported for non-physician provider services.

Reimbursement for Telehealth:

Benefits for patients with commercial insurance should be verified as payers are changing coverage policies daily

Telehealth Services during COVID-19 Pandemic

<u>Payer</u>	<u>Telemedicine</u> 99201-99215 99231-99233 G0425-G0427 For full list see CMS	<u>Virtual Check-In</u> G2012 G2010	<u>Online E-Visits</u> 99421- 99423 G2061- G2063	<u>Telephone Evaluations</u> 99441-99443	<u>Telehealth Modifier Requirement</u> GT, GQ, G0, 95	<u>Notes</u>
Aetna	✓	✓	✓	✓		Covered 100% beginning March 6, 2020 for 90 days
Amerigroup	✓					Covering telehealth only- no time frame outlined
BCBS of TN Commercial	✓			✓		Covered until April 30, 2020- Cost share may apply
BlueCare TennCare Select	✓			✓		Covered until April 30, 2020
Cigna	99241 only with no modifier & POS 11	✓		✓		Claims will not be accepted until April 6, 2020- Diagnosis must be related to COVID-19
CMS Medicare	✓	✓	✓			Beginning March 6, 2020 through waiver 1135 period
Humana	✓					Beginning March 1, 2020 through 90 days
UHC Commercial & Medicare	✓	✓	✓		✓	Covered through June 18, 2020
UHC Community Plan	✓	✓	✓		✓	Covered through June 18, 2020
WellCare	✓					Beginning March 6, 2020 through waiver 1135 period

*Note that all payers have payment policy stipulations for self-funded commercial plans that may allow those plans to opt-out of coverage for services

**Deductible, copay, coinsurance may apply