



Revenue Cycle Management

A UPA Billing Office Newsletter



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New ICD-10 Codes for COVID-19 Vaccination Status:

On April 1, 2022, the CDC released three new ICD-10 codes for reporting COVID-19 vaccination status. These codes should be applied to dates of service and/or discharges on and after April 1, 2022, however they are unacceptable as a principle Dx for hospital inpatients.

Z28.310 Unvaccinated for COVID-19
Z28.311 Partially vaccinated COVID-19
Z28.39 Other underimmunization status

CMS Split/Shared Visit Requirements:

Per CMS definition, a split or shared visit refers to an E/M visit in the facility setting that is performed by BOTH a physician and an NPP who are in the same group. Documentation in the medical record should clearly indicate that each provider participated in the encounter. CMS will require the use of a new modifier FS to indicate a split or shared E/M service.

Split/shared visits must be billed under the provider that performs the most substantive portion of the visit. For 2022, this can be the provider who performs and documents one of the key components (history, exam, or medical decision-making) for the visit or the provider who provides more than 50% of the service time. Effective Jan 2023, time will be the only E/M component used to determine the substantive portion of the visit.

CMS Critical Care Changes:

CMS has implemented changes and updates to the guidelines for critical care services effective Jan 2022. CMS will allow split/shared billing for physicians and non-physician practitioners with the use of new modifier FS. The practitioner who provided the substantive portion of time (more than 50%) for the visit should bill for the service.

Palmetto GBA, Medicare Administrative Contractor for Tennessee, outlined the 2022 & 2023 changes to critical care services in a live webinar on March 24, 2022 and the handouts from that webinar can be found here: [jmrrbmedicarepartbcriticalcareservicescmsupdates030222rrm2editsjkpm1648050648943.pdf](https://www.palmetto.com/medicare-representatives/medicare-representatives-portal/medicare-representatives-portal-030222rrm2editsjkpm1648050648943.pdf) (akamaized.net)

For more information on the CMS changes for split/shared and critical care visits, please see the CMS release:

MM12543 - Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Visits, Teaching Physicians, and Physician Assistants (cms.gov)

Claims processing manual: r11288CP.pdf (cms.gov)

BlueCare Tennessee COVID-19 Vaccine Counseling:

During the COVID-19 Public Health Emergency period, BlueCare will reimburse providers for COVID-19 vaccine counseling, even if the patient chooses to not receive the vaccine. Providers can bill this as a standalone service or in addition to preventive and acute care visits.

- Report CPT 99401 with modifier CR indicating a public health emergency code.
- Modifier 25 requirements would apply if counseling performed on the same date as another E/M service.
- Documentation should clearly indicate the counseling was performed

Details can be found in the April Blue Alert from BCBS of Tennessee here:[bluealert.pdf](#) ([bcbst.com](#))

TennCare Expands Maternity Benefits:

TennCare has added two new important initiatives to help pregnant mothers during and after pregnancy. TennCare members will now be able to take advantage of the following new opportunities:

- All pregnant individuals with TennCare Medicaid will have continued coverage during pregnancy and for a full 12 months after the pregnancy ends.
- All pregnant individuals with TennCare Medicaid are eligible to access dental benefits during pregnancy and for a full 12 months after the pregnancy ends.

See the attached flyer for more details: [TennCare New Pregnancy Coverage Final](#) ([tn.gov](#))



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A message for providers from Veteran's Administration Community Care Network:

Optum and the VA would like to remind our providers that Request for Services (RFS) forms are required to be submitted when a need is identified for additional care that falls outside of the original referral and SEOC, or if there is a need to extend the duration of the referral. These requests should be submitted directly to the VA Medical Centers (VAMC) for all Veteran care under VA CCN Community Care. A separate form is required for each service requested and you must be sure to include the provider signature.

VA will review the Request for Services (RFS) form and decide if the additional services are approved. If services are approved, VA will either issue an approved referral or VA will provide the services. If the services requested are not authorized by VA, the provider may request referral reconsideration from VA. Requests for referral reconsideration must be submitted to VA within 90 days from the date of denial.

A VACCN provider may submit Request for Services (RFS) forms to VA as follows:

- HealthShare Referral Manager (HSRM) at va.gov/communitycare > For Providers > Care Coordination > HealthShare Referral Manager (not available for Urgent Care)
- Secure email or fax (information can be found directly on the Consult order)

Following VA's guidelines for Request for Services (RFS) is an important part of helping Veterans get timely and appropriate, approved care. More information including the Request for Services (RFS) form are available for review on the portal via the following link:

[Service_form_10-10172.pdf](#) (vacommunitycare.com)

Providers can also locate additional information surrounding Request for Services (RFS) forms in the VA CCN Provider Manual: [VACCN-R1-D41-ProvTrng-Provider_Manual_1.10-Oct.pdf](#) (vacommunitycare.com)

We appreciate your partnership in Request for Services (RFS) forms to the VA. Please do not reply to this email as it is not monitored. If you have questions, please reach out to our customer service team for your respective region:

Region 2 (includes KY) CCN Provider Services: 844-839-6108

Region 3 (includes TN) CCN Provider Services: 888-901-6613