



Revenue Cycle Management

COVID-19 Updates:

Public Health Emergency Effective: March 17, 2020

Here's What We Know as of May 7, 2020:

CMS Increased Reimbursement for Telephone Visits:

CMS will continue to reimburse for telephone evaluation and managements services reported with CPT 99441-99443 and has now announced that payments for these services will increase retroactively to March 1, 2020. This would increase payments from a range of about \$14-\$41 to about \$46-\$110. Fees for these services may need increased to allow for the additional reimbursement. If you utilize UPA revenue services, those claims will be resubmitted on your behalf.

CMS Telehealth for Telephone (Audio-only) Evaluations:

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

On April 30, 2020 CMS expanded telehealth services once again to aid in flexibility to the healthcare by broadening their coverage for telehealth and waiving the video requirement for certain telephone services, since some beneficiaries do not have access to, or chose not to use technology for interactive audio-video. Many behavioral health, education, and counseling services have been added to the list for audio-only reimbursement via telehealth. [Access the full telehealth code list HERE](#).

Notable services now allowed for audio-only telehealth are:

- Health risk assessments 96160 & 96161
- Advanced Care Planning 99497-99498
- Diabetes management training G0108-G0109
- Medical nutrition services 97802-97804

Commercial Audio-Only Evaluations:

Select commercial payors will now allow audio-only services to be billed as E/M services, waiving the requirement for interactive video.

- Cigna fully funded plans effective until May 31, 2020
- Humana effective March 6, 2020 until the Public Health Emergency (PHE) period ends
- United Healthcare effective March 18, 2020 until June 18, 2020

Audio-only time based coding crosswalk:

Telephone CPT	Time	Established E/M CPT	New E/M CPT
99441	5-10 min	99212	99201
99442	11-20 min	99213	99202
99443	21-30 min	99214	99203

Please note that not all plans will follow these adjusted policies, and self-funded plans have the option to opt out of such coverage. It is recommended that providers verify benefits and payor telehealth policies for coverage guidelines, as these are subject to change.



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COVID-19 Lab Testing:

- Patient presents for an office visit, urgent care visit, or emergency room visit.
- Provider or practice staff collect nasal specimen for COVID-19 testing OR physician/practice staff oversee FDA-approved self-administered collection.
- Practice sends specimen to approved laboratory locations in accordance with CDC guidelines
 - Report appropriate Office Visit E/M code
 - May also report CPT 99000 (some payors will consider bundled with E/M)
 - ICD-10: Z03.818 – Suspected exposure to COVID-19 or ICD
 - ICD-10: Z20.828 – Exposure to confirmed case of COVID-19
- For specimen collection from another site outside such as drive-through testing sites, report CPT 99001 only

Home Health Certifications:

Under the CARES Act, CMS will now allow Nurse Practitioners (NPs), certified Clinical Nurse Specialists (CNSs), and Physician Assistants (PAs) to certify beneficiaries for eligibility under the Medicare home health benefit and oversee their plan of care.

Effective for claims with dates of service on or after March 1, 2020, these non-physician practitioners may bill the following codes:

- G0179: Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care
- G0180: Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care
- G0181: Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans

This is a permanent change that will continue after the Public Health Emergency. The descriptors of the three codes will be revised on a later date to include the non-physician practitioner specialties.