DOCUMENTATION, CODING & TELEHEALTH FOR COVID-19

DaJuanna Bissonette, RHIT, CPC, CPMA
Janice Chase, RHIT
Teresa Chasteen, RHIT
Jennifer Farris, MHSA, RHIA, CHPS
Jade Mound, RHIA, COC, CPC, CDEO
Jackie Reyes, MBA, RHIT, CTR

Objectives

- Provide an overview of COVID-19 coding guidelines
- Review provider documentation requirements
- Provide a status of the code set updates in RPMS
- Provide an overview of the COVID-19 telehealth coding and OCR waivers
- Open discussion on the IHS Documentation, Coding and Billing Guide

Acronyms

- **AHA:** American Hospital Association
- **AHIMA:** American Health Information Management Association
- **AMA:** American Medical Association
- **CDC:** Centers for Disease Control and Prevention
- **CMS:** Centers of Medicare and Medicaid Services
- **COVID-19:** Coronavirus Disease 2019
- **CPT:** Current Procedural Terminology
- **EHR:** Electronic Health Record
- **HCPCS:** Healthcare Common Procedure Coding System
- **ICD-10-CM:** International Classification of Diseases Tenth Edition Clinical Modification
- **MS-DRG:** Medicare Severity – Diagnosis Related Group
- **OCR:** Office of Civil Rights
- **OHCA:** Oklahoma Health Care Authority
- **OIT:** Office of Information Technology
- **PCC:** Patient Care Component
- **PHE:** Public Health Emergency
- **RPMS:** Resource and Patient Management System (RPMS)
- **SNOMED-CT:** Systematized Nomenclature of Medicine-Clinical Terms

Disclosure of Current Procedural Terminology (CPT) Use

Application FARS/DFARS Restrictions Apply to Government Use

U.S. Government Rights

CPT is commercial technical data and/or computer databases and/or commercial computer software and/or commercial computer software documentation, as applicable, which were developed exclusively at private expense by the American Medical Association (AMA), 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611-5885.

U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer databases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015 (b) (2) (November 1995) and/or subject to the restrictions of DFARS 227.7202-1 (a) (June 1995) and DFARS 227.7202-3 (a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

COVID-19 Documentation, Coding and Billing Guide

- April 7, 2020, Documentation, Coding and Billing Guide for COVID-19 includes:

2.0 Coding for COVID-19
2.1 ICD-10-CM
2.2 AMA, CPT
2.3 CMS, HCPCS
2.4 SNOMED-CT
2.5 Telehealth

COVID-19_Docum
tion_Coding_Billing

3.0 Introduction to Toolkit
4.0 Clinic Codes
5.0 Service Category
6.0 RPMS/ EHR Parameters
7.0 Create/Review Clinics
8.0 Create New Note Titles
9.0 Create/Import EHR Progress Note Templates
10.0 Create EHR Quick Notes
11. Develop/Import Pick Lists
12 Billing Code Updates
13 IHS Response Including the OIT
14.0 CMS Guidance
15.0 What is Seen in RPMS
Appendix A: References

CODE SETS & COVID -19 UPDATES IN RPMS

Janice Chase, RHIT

Timeline


February 13, 2020 - CMS, Lab Test HCPCS Code U001
February 20, 2020 - CDC, Supplement Coding Guideline
March 5, 2020: CMS, Lab Test HCPCS Code U002
March 11, 2020 - SNOMED-CT Updates
March 13, 2020: AMA, CPT Code - 87635
March 17, 2020 - CMS, Telemedicine Health Care Provider FACT SHEET
March 18, 2020 - New ICD-10-CM Code, U07.1 COVID-19
March 30, 2020 - CMS, Expanding Telemedicine Health Care FACT SHEET - New & Established Patients
March 30, 2020 - CDC, Final Coding Guidance
March 31, 2020 - HCPCS Code G2023 & G2024
April 1, 2020 - CDC, ICD-10-CM Tabular List Addenda
April 1, 2020 - CMS, MS-DRG Version 37.R1
April 3, 2020 - AMA Special Coding Advice, version 2
April 6, 2020 - AMA, Flow Chart Reference for CPT, version 2
April 10, 2020 - AMA, CPT Codes, 86328 & 86769
April 14, 2020: HCPCS Codes, U0003 & U0004
April 21, 2020 - SNOMED-CT Updates

CPT Code Updates in RPMS

Package	RPMS Release/ Expected Date	Action	Code	Long Code Descriptor	Short Code Descriptor	Source Released	Effective
ACPT v2.20 p1	3/27/2020	New	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	SARS-COV-2 COVID-19 AMP PRB	3/13/2020	3/13/2020
ACPT v2.20 p2	Expected 5/1	New	86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METHOD (EG, REAGENT STRIP); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	IA NFCT AB SARSCOV2 COVID19	4/10/2020	4/10/2020
ACPT v2.20 p2	Expected 5/1	New	86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	SARS-COV-2 COVID-19 ANTIBODY	4/10/2020	4/10/2020
ACPT v2.20 p2	Expected 5/1	Modified	86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METHOD (EG, REAGENT STRIP);	IA INFECTIOUS AGENT ANTIBODY	4/10/2020	4/10/2020

HCPCS Code Updates in RPMS

Package	RPMS Release /Expected Date	Action	Code	Long Code Descriptor	Short Code Descriptor	Source Released	Effective
ACPT v2.20 p1	3/27/2020	New	U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	2019-ncov diagnostic p	2/13/2020	2/4/2020
ACPT v2.20 p1	3/27/2020	New	U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC	Covid-19 lab test non-CDC	3/5/2020	2/4/2020
ACPT v2.20 p2	Expected 5/1	New	G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	Specimen collect covid-19	3/31/2020	3/1/2020
ACPT v2.20 p2	Expected 5/1	New	G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source	Spec coll snf/lab covid-19	3/31/2020	3/1/2020
ACPT v2.20 p2	Expected 5/1	Modified	CS	Cost-sharing for specified covid-19 testing-related services that result in an order for or administration of a covid-19 test	Covid-19 testing related svc	3/31/2020	3/1/2020

Pending formal CMS release of U0003 and U0004.

Standard Code Book
ICD-10-CM & Clinic Codes

Package	RPMS Release Date	Action	Code	Long Code Descriptor	Short Code Descriptor	CC	MDC	MS-DRG	CDC Released	Effective
AUM v20.0 p2	3/27/2020	New	U07.1	COVID-19	COVID-19	MCC	04 15 25	177,178,179 791,793 974,975,976	3/23/2020	4/1/2020
Package	**RPMS Release Date**	**Action**	**Code**	**Long Code Descriptor**	**Short Code Descriptor**					
AUM v20.0 p2	3/27/2020	New Clinic Code	E8	Public Health Emergency	PHE					

SNOMED-CT to ICD-10-CM Mapping for IPL

Package	Release Date	SCTID	SNOMED-FSN	ICD 10 CM	ICD 10 CM Term	Comments
DTS Cycle 39	3/27/2020 NEW	840539006	Disease caused by 2019 novel coronavirus (disorder)	B97.29	Other coronavirus	Must be used with a respiratory symptom
DTS Cycle 39	3/27/2020 NEW	840546002	Exposure to 2019 novel coronavirus	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	When exposure to someone confirmed to have COVID 19

IMPORTANT: Due to the timing of code set releases and development efforts, SNOMED and ICD COVID-19 codes are not completely mapped for the Electronic Health Record Integrated Problem List (IPL). The new ICD code of U07.1 was released in AUM V20 P2 but couldn't be mapped for the IPL. **Therefore, coders must enter the ICD U07.1 in the Patient Care Component (PCC). Reference Table 2-1 Coding Tips for ICD-10-CM of the Documentation, Coding and Billing Guide Distributed on April 7, 2020.**

SNOMED – ICD-CM Mapping

Release Date	Cycle	SCTID	FSN	ICD-10 Code	ICD 10-CM Term	Comments
3/27/2020	Cycle 39	840539006	Disease caused by 2019 novel coronavirus (disorder)	B97.29	Other coronavirus	ICD 10 Code B97.29 Other coronavirus has been replaced by U07.1 COVID - 19. B97.29 Other coronavirus must be used with a respiratory symptom (see list below) for Dates of Service **BEFORE 4/1/2020**.
5/18/2020	**NEW Cycle 40**	**840539006**	**Disease caused by 2019 novel coronavirus (disorder)**	**U07.1**	**COVID-19**	Use of ICD-10 code U07.1 COVID-19 for the COVID-19 disease outbreak; **replaced ICD 10 B97.29 for Dates of Service on/after 4/1/2020**.
3/27/2020	Cycle 39	840546002	Exposure to 2019 novel coronavirus	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	When exposure to someone confirmed to have COVID 19

LOINC Codes in RPMS

April 10, 2020

LR Laboratory v5.2 p1045 distribution files are listed below:

- *lr__0520.45k - KIDS File*
- *lr__0520.45n - Installation Notes File*

04.10.20_RPMS
am Release Notice

- Patch 1045 contains the following:

Overview of Changes

- URGENT Lab Patch release for inclusion of pre-built COVID-19 atomic tests and the COVID-19 test panel for immediate test ordering and reporting. Test files should only be used for the Abbott ID NOW COVID-19 test method.
- Includes RPMS Lab atomic tests, panel configuration with appropriate LOINC entry and the IHS LAB CPT CODE file definition for CPT/HCPCS pointers.

Health Summary – Include Telemedicine

April 14, 2020

- **BHS Health Summary Version 1.0 Patch 16 distribution files are listed below:**
  - *bhs_0100.16k - KIDS File*
  - *bhs_0100.16n - Installation Notes file*
- Patch 16 contains the following:
- Problem fixes/Routine updates (see patch notes for complete list)
  - *Update BHSENC and BHSENC2 routines to include telemedicine ("M"). These routines affect adhoc Health Summaries PCC OUTPATIENT ENCOUNTER and PCC OUTPT VISITS (EXCL CHR)*

04.14.20_RPMS
am Release Notice

OVERVIEW OF CODING CHANGES

Jackie Reyes, MBA, RHIT, CTR

February 13, 2020

CMS Develops New Code for Coronavirus Lab Test HCPCS Codes **U001** - *CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel.*

Healthcare providers who need to test patients for Coronavirus using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001).

The Medicare claims processing system will be able to accept this code on April 1, 2020 for **dates of service on or after February 4, 2020.**

February 20, 2020

CDC - ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to COVID-19 Coronavirus Outbreak February 20, 2020 – March 31, 2020.
(Code U07.1 COVID-19 is not included).

The guidance is to be used for ***dates of service/discharge dates prior to April 1, 2020,*** using code B97.29, Other coronavirus as the cause of diseases classified elsewhere with additional diagnosis caused by COVID-19 such as pneumonia, bronchitis etc.

March 5, 2020

CMS Develops **Additional Code** for Coronavirus Lab Test, HCPCS Code **U002** - *2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non- CDC*

The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

This second HCPCS code may be used for tests developed by these additional laboratories when submitting claims to Medicare or health insurers.

The Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for ***dates of service on or after February 4, 2020***.

March 13, 2020

AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing, 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.

Use of code **87635** will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test in the United States.

For Medicare claims, the CMS has established two new HCPCS codes for coronavirus testing. HCPCS code **U0001** is used specifically for CDC testing laboratories to test patients for SARS-CoV-2 and to track new cases of the virus. HCPCS code **U0002** is intended for laboratories to report non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). Therefore, to meet the needs of the CDC safety-monitoring programs and to track the specific testing performed, it is important that the appropriate code is listed on claim forms.

Per CPT reporting guidelines for microbiology codes, when separate assays are performed on multiple specimens, **modifier 59** should be used to indicate that the results represent the separate services performed.

Example: nasopharyngeal and oropharyngeal swabs from the upper respiratory system for initial diagnostic testing. Code, 87635 and a second unit of code 87635, appended with modifier 59, Distinct Procedural Service.

March 17, 2020

CMS – Medicare Telemedicine Health Care Provider FACT SHEET

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence *starting March 6, 2020. Telehealth is NOT restricted to COVID-19 diagnosis.*

A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the 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.

March 30, 2020

CMS, Expanding Telemedicine Health Care FACT SHEET - New & Established Patients

- INCREASE HOSPITAL CAPACITY - CMS HOSPITALS WITHOUT WALLS
- Medicare will pay laboratory technicians to travel to a beneficiary's home to collect a specimen for COVID-19 testing, eliminating the need for the beneficiary to travel to a healthcare facility for a test and risk exposure to themselves or others. Under certain circumstances, hospitals and other entities will also temporarily be able to perform tests for COVID-19 on people at home and in other community-based settings.
- Previously Virtual Check-In services, could only be offered to patients that had an established relationship with their doctor. Now, doctors can provide these services to both new and established patients.
- CMS will now pay for more than 80 additional services when furnished via telehealth. These include emergency department visits, initial nursing facility and discharge visits, and home visits, which must be provided by a clinician that is allowed to provide telehealth.
- Providers also can evaluate beneficiaries who have audio phones only.

March 30, 2020.

The CDC announced on March 30, 2020 the Final ICD-10-CM Official Coding and Reporting Guidelines for April 1, 2020 to September 30, 2020. *The final guidance relates to the new Code U07.1 COVID-19.*

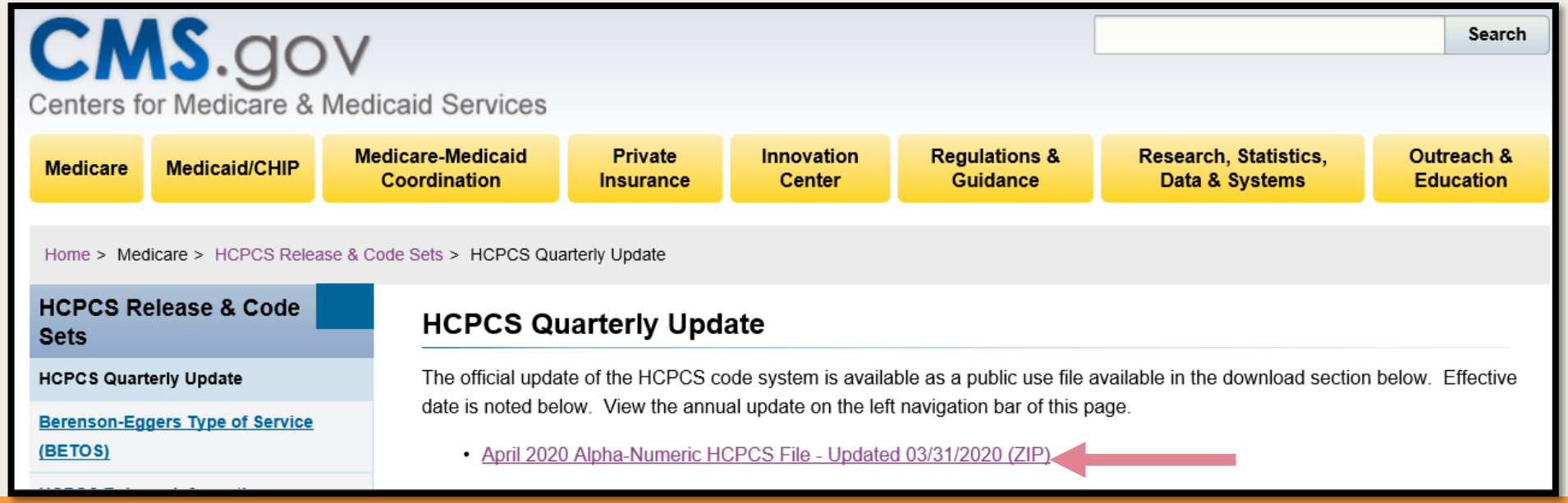
This guidance replaces code B97.29 Other Coronavirus as cause of diseases classified elsewhere with U07.1 COVID-19.

*Code U07.1 will be used for **dates of service/discharges effective April 1, 2020**.*

March 31, 2020

HCPCS – COVID-19 Code Updates CMS released new HCPCS Codes ***effective March 1, 2020***: The rule specifies that these codes are only chargeable by **independent laboratories** and only in instances where trained personnel from the lab travel to collect the specimens from patients who are either homebound or are non-hospital inpatients.

- **G2023** *specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), any specimen source &*
- **G2024** *Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source.*



April 1, 2020

CDC - [ICD-10-CM Tabular List of Diseases and Injuries April 1, 2020 Addenda]

New code	U07.1 COVID-19
Add	Use additional code to identify pneumonia or other manifestations
Add	Excludes1: Coronavirus infection, unspecified (B34.2)
Add	Coronavirus as the cause of diseases classified elsewhere (B97.2-)
Add	Pneumonia due to SARS-associated coronavirus (J12.81)

April 1, 2020.

CMS: ICD-10 MS-DRGs Version 37.1 R1 Effective April 1, 2020

The ICD-10 MS-DRG Grouper assigns each case into an MS-DRG based on the reported diagnosis and procedure codes and demographic information (age, sex, and discharge status).

The ICD-10 MCE Version 37.1 R1 uses edits for the ICD-10 codes reported to validate correct coding on claims for discharges on or after April 1, 2020.

The ICD-10 MS-DRG Grouper software package to accommodate this new code, Version 37.1 R1, is ***effective for discharges on or after April 1, 2020***.

Assignment of new ICD-10-CM diagnosis code U07.1, COVID-19, is as follows:

Assignment of new ICD-10-CM diagnosis code U07.1, COVID-19, is as follows:

Diagnosis Code	Description	CC	MDC	MS-DRG
U07.1	COVID-19	MCC	04	177,178,179
			15	791,793
			25	974,975,976

If diagnosis code U07.1, COVID-19, is reported as a principal diagnosis, it will only exclude itself from acting as a MCC under the CC Exclusions List

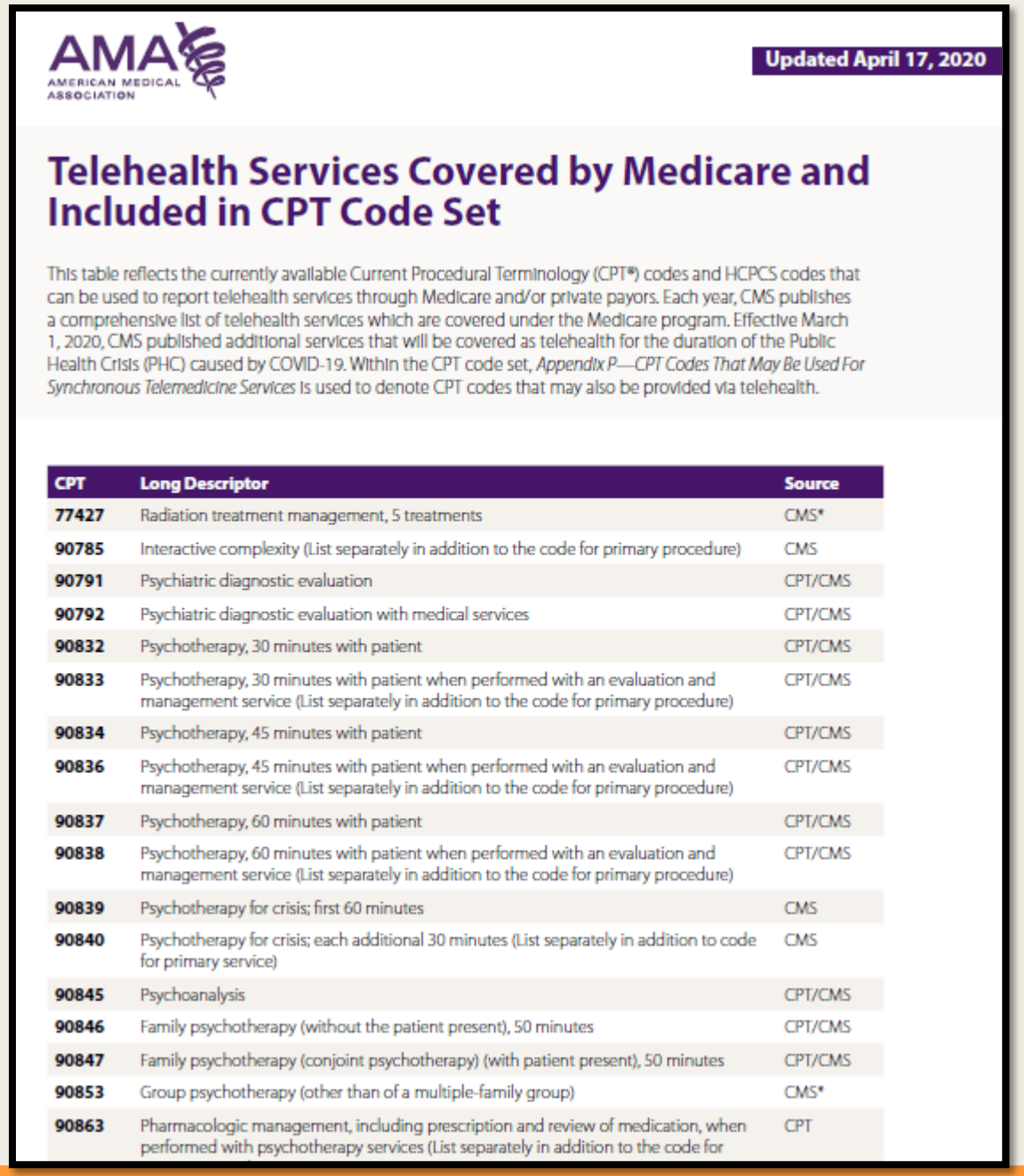
Principal Diagnosis Code	Exclude Secondary Diagnosis	Description
U07.1	U07.1	COVID-19

April 3, 2020

AMA [Special coding advice during COVID-19 public health emergency, version 2]

The coding scenarios by AMA are designed to apply best coding practices. The American Medical Association (AMA) has worked to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.

The Qualified Healthcare Professionals that are eligible for telehealth has been expanded. Additional codes for these services were also added to the CMS telehealth list. This is a 21 page document with coding descriptions, example:



AMA AMERICAN MEDICAL ASSOCIATION

Updated April 17, 2020

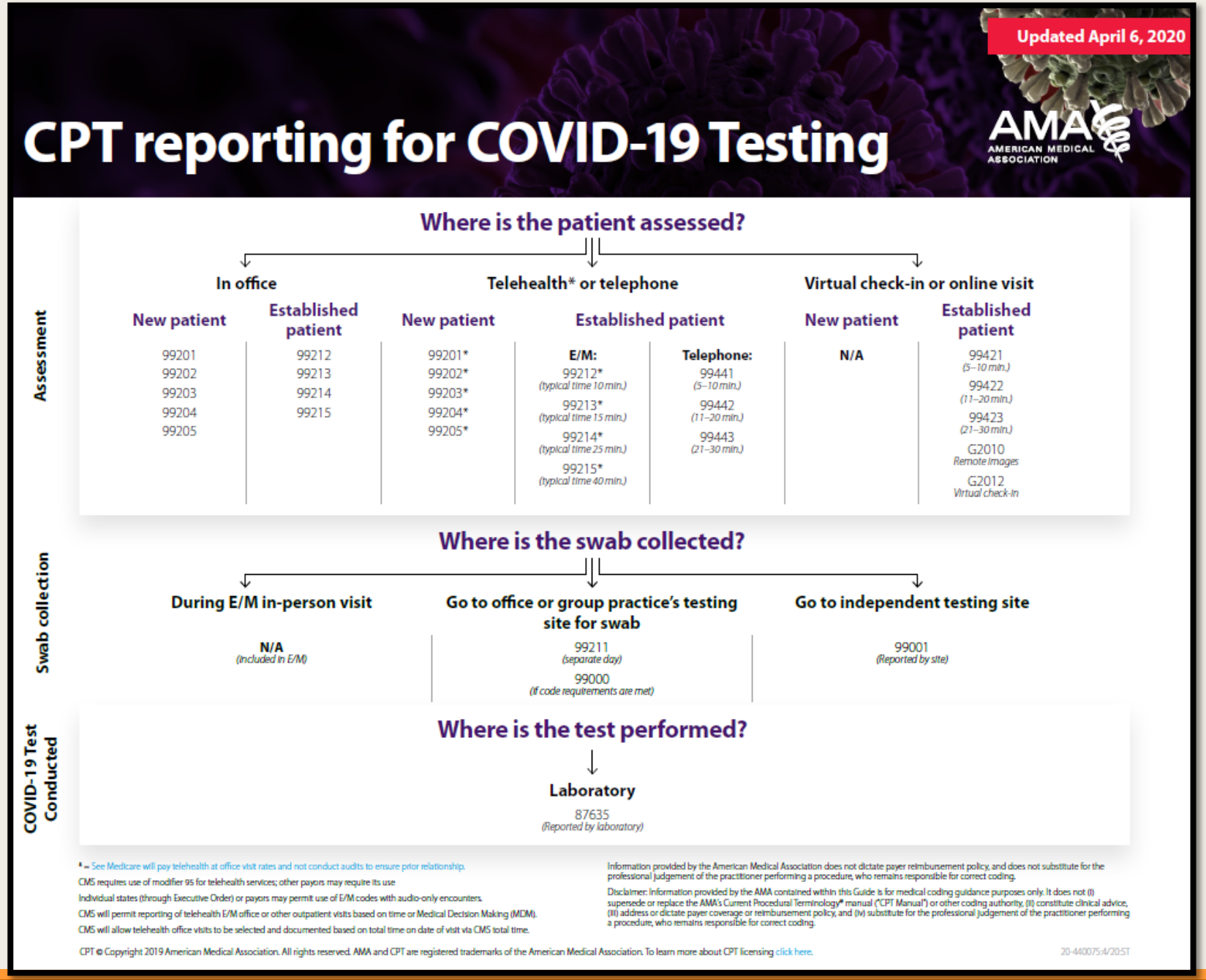
Telehealth Services Covered by Medicare and Included in CPT Code Set

This table reflects the currently available Current Procedural Terminology (CPT®) codes and HCPCS codes that can be used to report telehealth services through Medicare and/or private payors. Each year, CMS publishes a comprehensive list of telehealth services which are covered under the Medicare program. Effective March 1, 2020, CMS published additional services that will be covered as telehealth for the duration of the Public Health Crisis (PHC) caused by COVID-19. Within the CPT code set, *Appendix P—CPT Codes That May Be Used For Synchronous Telemedicine Services* is used to denote CPT codes that may also be provided via telehealth.

CPT	Long Descriptor	Source
77427	Radiation treatment management, 5 treatments	CMS*
90785	Interactive complexity (List separately in addition to the code for primary procedure)	CMS
90791	Psychiatric diagnostic evaluation	CPT/CMS
90792	Psychiatric diagnostic evaluation with medical services	CPT/CMS
90832	Psychotherapy, 30 minutes with patient	CPT/CMS
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90834	Psychotherapy, 45 minutes with patient	CPT/CMS
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90837	Psychotherapy, 60 minutes with patient	CPT/CMS
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90839	Psychotherapy for crisis; first 60 minutes	CMS
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	CMS
90845	Psychoanalysis	CPT/CMS
90846	Family psychotherapy (without the patient present), 50 minutes	CPT/CMS
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	CPT/CMS
90853	Group psychotherapy (other than of a multiple-family group)	CMS*
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for	CPT

April 6, 2020

AMA [Quick reference flow chart for CPT reporting for COVID-19 testing, version 2]

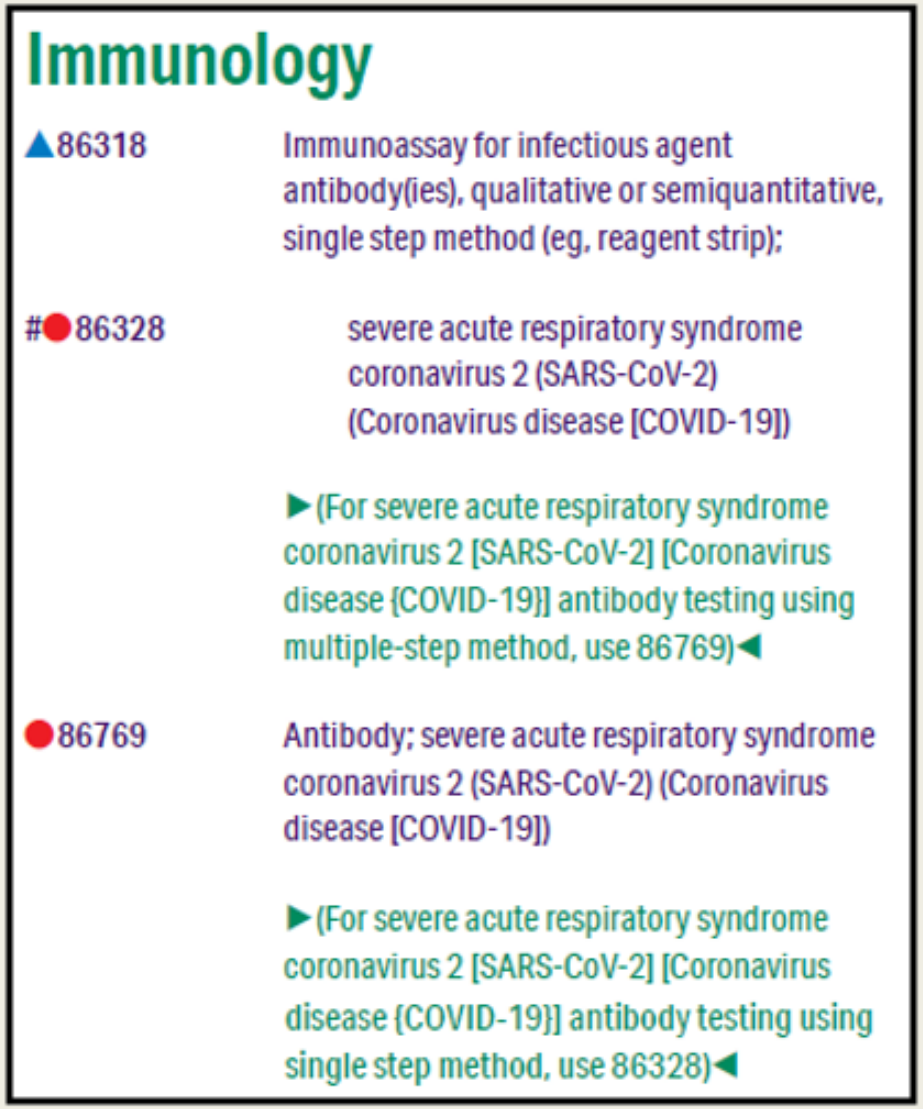


April 10, 2020

AMA, CPT, two new codes **86328** *and* **86769**.

In addition to the *revision of code 86318*, addition of the two new codes, and a guidance revision, three parenthetical notes have been added to provide guidance on selecting the most appropriate code for the procedure performed. These codes are effective immediately for use in reporting these laboratory tests.

Note that the revised code 86318, two new codes **86328 and 86769**, new parenthetical notes and revised guidelines are not included the CPT 2020 code set; however, they will be included in the CPT 2021 code set in the Immunology subsection of the Pathology and Laboratory section.



Immunology

▲86318 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);

#●86328 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

►(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769)◄

●86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

►(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using single step method, use 86328)◄

April 14, 2020

Effective ***March 18, 2020***, two new HCPCS Codes **U0003 & U0004**. CMS Increases Medicare Payment for High-Production Coronavirus Lab Tests, CMS-Ruling 2020-1-R, Payment for laboratory test for the detection of SARS–COV–2 or the diagnosis of the virus that causes COVID–19 making use of high throughput technologies.

Medicare Part B. Specifically, the following codes would identify these tests:

- **U0003**: 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, making use of high throughput technologies as described by CMS-2020-01-R.
- **U0004**: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.
- It is noted that U0003 should identify tests that would otherwise be identified by CPT code 87635 but for being performed with these high throughput technologies.
- It is further noted that U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these high throughput technologies.
- Finally, it is noted that neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.

April 21, 2020

SNOMED CT COVID-19 Related Content **Updated:** 21 Apr 2020

SNOMED CT to ICD-10 Map

Following the announcement from WHO regarding the Emergency use of ICD-10 codes for the COVID-19 disease outbreak, the following map record is also included in the March 2020 interim SNOMED CT International Edition release.

Source SNOMED CT Identifier	Fully Specified Name	Preferred Term	Target ICD-10 code	Target ICD-10 code description
840539006	Disease caused by severe acute respiratory syndrome coronavirus 2 (disorder)	COVID-19	U07.1	COVID-19
840546002	Exposure to severe acute respiratory syndrome coronavirus 2 (event)	Exposure to SARS-CoV-2	Z20.8	Contact with and exposure to other communicable disease

ICD-10-CM CODING GUIDELINES

Jade Mound, RHIA, COC, CPC, CDEO

Coding Guidelines
A. ICD-10-CM Code U07.1

Assign code U07.1 COVID-19 only for confirmed diagnosis as documented by the provider, documented positive COVID-19 test result or a presumptive positive COVID-19 test result.

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 CDC. CDC confirmation to local and state test is no longer required.

Coding Guidelines

A. ICD-10-CM Code U07.1

- When using the code U07.1 COVID-19, it is important to use additional codes to identify pneumonia or other manifestations. This excludes:
  - *Coronavirus infection, unspecified (B34.2)*
  - *Pneumonia due to SARS-1 associated coronavirus (J12.81)*
- Do not code B34.2 Coronavirus infection, unspecified, for COVID-19, as this is documented to be a respiratory condition.

Coding Guidelines
A. Provider documentation must include:

- Confirmed positive test for COVID-19 for code U07.1

If the provider documents suspected, possible, probable, or inconclusive do not assign code U07.1.

- Assign the code for the purpose of the visit, such as fever or Z20.828 contact with and (suspected) exposure to other viral communicable diseases.
- Associated respiratory conditions
- Identify if infection was present on admission
- Document comorbidities such as respiratory failures, ARDS, COD, etc.

Coding Guidelines
B. Sequencing for Codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients as indicated in Section . I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock

See Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium

Coding Guidelines

C. Acute Respiratory Illness due to COVID-19

- **Pneumonia.** For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.
- **Acute bronchitis.** For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.
- **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, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.
- **Acute respiratory distress syndrome:** For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

Coding Guidelines
D. 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, assign 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 or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline a).

Coding Guidelines
E. Screening for COVID-19

- For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline d).
- If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline g).

Coding Guidelines
F. Signs and Symptoms without definite diagnosis of COVID-19

- For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as **but not limited to**:
  - *R05 Cough*
  - *R06.02 Shortness of breath*
  - *R50.9 Fever, unspecified*
- If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure.

Coding Guidelines
G. Asymptomatic individuals who test positive for COVID-19

- For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

Coding Guidelines
COVID-19 in Pregnancy, Childbirth, and Puerperium

During pregnancy, childbirth, or the puerperium period, if a patient is admitted or presenting for visit because of COVID-19:

- Principle Diagnosis: O98.5, Other viral diseases complicating pregnancy, childbirth, and the puerperium
- Secondary diagnosis: U07.1 COVID-19 and the appropriate codes for associated manifestation(s). (note: prior to April 1st use B97.29)
- Note: Codes from Chapter 15 always take sequencing priority.

Coding Tips for ICD-10-CM (1 of 3)

Prior to April 1, 2020	On April 1, 2020
Pneumonia confirmed as due to COVID-19: JI2.89 Other viral pneumonia B97.29 other Coronavirus as cause of diseases classified elsewhere	Pneumonia confirmed as due to COVID-19: U07.1 COVID-19 J12.89 Other viral pneumonia
Acute bronchitis confirmed as due to COVID-19: J20.8 Acute Bronchitis due to other specific organisms B97.29 Other Coronavirus as cause of disease classified elsewhere	Acute bronchitis confirmed as due to COVID-19: U07.1 COVID-19 J20.8 Acute bronchitis due to other specific organisms
Unspecified Bronchitis confirmed as due to COVID-19: J40 Bronchitis not specified as acute or chronic B97.29 Other Coronavirus as cause of diseases classified elsewhere	Unspecified Bronchitis confirmed as due to COVID-19: U07.1 COVID-19 J40 Bronchitis not specified as acute or chronic
Acute or lower respiratory infection confirmed as due to COVID-19: J22 Unspecified acute lower respiratory infection B97.29 Other Coronavirus as cause of diseases classified elsewhere	Acute or lower respiratory infection confirmed as due to COVID-19: U07.1 COVID-19 J22 Unspecified acute lower respiratory infection

Coding Tips for ICD-10-CM (2 of 3)

Prior to April 1, 2020	On April 1, 2020
Respiratory infection NOS confirmed as due to COVID-19: J98.8 Other specified respirator disorder B97.29 Other Coronavirus as cause of diseases classified elsewhere	Respiratory infection NOS confirmed as due to COVID-19: U07.1 COVID-19 J98.8 Other specified respirator disorder
ARDS confirmed as due to COVID-19: J80 Acute respiratory distress syndrome B97.29 Other Coronavirus as cause of diseases classified elsewhere	ARDS confirmed as due to COVID-19: U07.1 COVID-19 J80 Acute respiratory distress syndrome
Possible exposure to COVID-19, ruled out after evaluation: Z03.818 Encounter for observation for suspected exposure to other biological agents, ruled out	Possible exposure to COVID-19, ruled out after evaluation: Z03.818 Encounter for observation for suspected exposure to other biological agents, ruled out
Exposure to COVID-19 NOT RULED OUT (exposed to someone with confirmed COVID-19): Z20.828 Contact with and (suspected) exposure to other viral communicable disease.	Exposure to COVID-19 NOT RULED OUT (exposed to someone with confirmed COVID-19): Z20.828 Contact with and (suspected) exposure to other viral communicable disease.

Coding Tips for ICD-10-CM (3 of 3)

Prior to April 1, 2020	On April 1, 2020
Signs/Symptoms: If a definitive diagnosis has not been established, code only the signs and symptoms, i.e. cough, shortness of breath, fever, etc.	Signs/Symptoms: If a definitive diagnosis has not been established, code only the signs and symptoms, i.e. cough, shortness of breath, fever, etc.
Suspected/possible/probable COVID-19: Do not code B97.29. Use signs/symptoms or Z20.828	Suspected/possible/probable COVID-19: Do not code U07.1. Use signs/symptoms or Z20.828
Pregnancy, childbirth, and the puerperium O98.5, Other viral diseases complicating pregnancy, childbirth, and the puerperium B97.29 Other Coronavirus as cause of diseases classified elsewhere	Pregnancy, childbirth, and the puerperium O98.5, Other viral diseases complicating pregnancy, childbirth, and the puerperium U07.1 COVID-19 and the appropriate codes for associated manifestation(s).

Other Coding Tips

- **Viral Sepsis - Coding Clinic, 3rd Quarter, 2016, page 9**
  - Sepsis due to COVID-19 that is present on inpatient admission requires the sepsis guidelines to be followed.

- For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, **assign code Z11.59**, Encounter for screening for other viral diseases.

- If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline g). U07.1 is assigned, even if there are no symptoms.

- Use Modifier 95 to identify the service was provided via telehealth. Check with your third-party payer if they will accept GT or 95.

- Use Modifier CS to identify it is a COVID-19 related E&M service, and you intend to waive or reduce copay

DOCUMENTATION

Teresa Chasteen, RHIT

Documentation

Providers will continue to document the visit in the same manner as a face-to-face encounter:

- Patient agrees to telehealth visit and understands that CISCO meeting is a secured connection or unsecure if using Apple FaceTime, Skype, etc.
- Location of the Patient and the Provider
- All persons participating and their role in the encounter
- Start and end times
- For example:

"Patient FIRST LAST NAME presents via CISCO MEETING on MM/DD/YY. Provider FIRST LAST NAME was located at the LOCATION (I/T/U FACILITY NAME, HOME). Patient FIRST LAST NAME was located at LOCATION (HOME). Patient verbally consents to the use of telemedicine for this visit and acknowledges this is a secure platform. Guardian/spouse is present with the patient during the visit."

COVID-19 Evaluation and Management Documentation (1 of 2)

- Chief complaint.

Fever, flu exposure, COVID-19 exposure, shortness of breath, cough, sore throat, body/muscle aches, sinus pains, chills.

- History and Physical.
  - *Onset / duration.*

    Documented if exposure to COVID-19 is suspected, confirmed or unknown, recent travel (number of days and location), severity, pain level, is condition worsened by deep breath.
  - *Symptoms and Vitals.*
  - *Review of Systems.*
  - *Past medical history (allergies, immunizations, etc.).*
  - *Social and Family history.*
- Physical exam (deferred for telehealth).

COVID-19 Evaluation and Management Documentation (2 of 2)

- X-ray (chest x-ray or CT chest) and lab results (CB, Chemistries, UA, COVID-19, flu etc.). For telehealth document any previous x-ray or lab or if such will be ordered for patient.
- Interventions and Treatment plan for flu or COVID-19 suspected or positive patients.
- Clinical Impression/Final Diagnosis: asthma, reactive airway disease, bronchitis, COPD, pharyngitis, pneumonia specificity (interstitial, atypical, viral, bacterial, COVID-19), sinusitis, COVID-19 suspected, exposure, confirmed, etc.
- Medications, education, counseling, and disposition.
- Signature, date, and time.

Documentation Tips

- COVID-19 testing results must be updated in the health record when received.
  - *Positive and negative results must be added (addendum) to assign appropriate codes*
- Query the provider for diagnosis clarification or missing information
  - *Diagnosis validation such as; COVID-19 is ruled in, if so provide evidence used to support this diagnosis, COVID-19 has been ruled out, Other findings, unable to determine.*
  - *Diagnosis specificity such as; COVID-19 with respiratory manifestations, pneumonia, GI manifestations, other manifestations etc.*
  - *Signs and Symptoms missing in progress note such as: cough, sore throat, loss of smell/taste, fever etc.*
  - *Risk factors not indicated such as; diabetes, hypertension, asthma, etc.*
  - *Treatment not specified such as; oxygen, IV fluids/antibiotics, isolation, quarantine, sepsis work-up etc.*
- AHIMA CDI Template:

Diagnosis_Validation

Diagnosis_Specificity

Webinars

The following are free coding webinars:

- AHIMA: Inpatient COVID-19 Coding and CDI Training: Cross-train your outpatient coder.
- PANACEA: COVID-19 Documentation, Coding and Billing updates
- AHA: ICD-10-CM Coding for COVID-19

Disclaimer: IHS/OIT does not endorse any of these resources, but provide them only as resources for your use.

COVID-19 TELEHEALTH UPDATES

Update April 15, 2020

Jennifer Farris, MHSA, RHIA, CHPS

Key Dates

- HHS Secretary Azar makes determination that the coronavirus is a public health emergency (PHE) beginning **January 27, 2020**
- CMS expands Telehealth with 1135 Waiver starting **March 6, 2020**
- Kansas and Oklahoma state Medicaid programs 1135 waiver approved on **March 24, 2020**
- Oklahoma Health Care Authority allows expanded use of telehealth beginning **March 16, 2020 through April 30, 2020***
- Kansas Medicaid allows expanded telehealth use beginning **March 12, 2020 through May 1, 2020***

*** State may determine that this date is extended**

CMS

- The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors *without having to travel to a healthcare facility.*
- CMS is expanding this benefit on a **temporary and emergency basis** under the **1135 waiver authority** and Coronavirus Preparedness and Response Supplemental Appropriations Act.

CMS Telehealth 1135 Waiver

- **EXPANSION OF TELEHEALTH WITH 1135 WAIVER:** Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and *including in patient's places of residence* starting March 6, 2020.
- A range of providers, such as **doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers**, will be able to offer telehealth to their patients.
- ***PLEASE NOTE: It does NOT list nurses.*** This is no change from current practices

Medicare Services

- Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings.
- Effective for services starting March 6, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.

Virtual Check-Ins

- In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities *including synchronous discussion over a telephone or exchange of information through video or image*.
- CMS is opening this up to telephone calls only – for providers
- These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available).

Virtual Visits

- The patient **must verbally consent** to receive virtual check-in services.
- The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.
- We already have a way to respond to all these except secure text messaging (telephone call, telehealth and email/patient portal—Direct Messaging)

CMS Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Office for Civil Rights

- OCR issued this guidance on March 17, 2020
- During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.
- Examples: Face Time, Skype

IHS Response

- Mitch Thornbrugh email on April 10, 2020, to announces IHS will move forward with the CISCO platform
- Several sites in OKC have tested CISCO appointments
- In this interim pandemic period, Face Time is also approved

Oklahoma Changes in Line with CMS

- OHCA is allowing expanded use of telehealth beginning March 16, 2020 through April 30, 2020 for services that can be safely provided via secure telehealth communication devices for all SoonerCare members.
- The use of telephonic services (non face-to-face) may be utilized in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone.

OHCA Documentation Requirements

- Providers are encourage to create internal policies and procedures regarding telehealth use at this time so all staff understand its appropriate use during this time.
- Documentation should reference the provider's internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020.
- OCAO Circular 2020-03 COVID-19 Policy for Telehealth Visits and Virtual Check-in was effective March 26, 2020.

OHCA E&M Codes

- For providers who bill E&M codes, the codes for these telephonic services are 99441, 99442 and 99443.
- Other healthcare professionals can bill using 98966, 98967 and 98968.

OHCA Virtual Codes for Provider

99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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

CPT Asst | CDR | OCE

99442 11-20 minutes of medical discussion

CPT Asst | CDR | OCE

99443 21-30 minutes of medical discussion

CPT Asst | CDR | OCE

(Do not report 99441-99443 when using 99339-99340, 99374-99380 for the same call[s])

(Do not report 99441-99443 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 99441-99443 during the same month with 99487-99489)

(Do not report 99441-99443 when performed during the service time of codes 99495 or 99496)

OHCA Virtual Codes for Qualified Non-physician Healthcare Professional

98966 Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

CPT Asst CDR

98967 11-20 minutes of medical discussion

CPT Asst CDR

98968 21-30 minutes of medical discussion

CPT Asst CDR

(Do not report 98966-98968 during the same month with 99487-99489)

(Do not report 98966-98968 when performed during the service time of codes 99495, 99496)

(Do not report 98966, 98967, 98968 in conjunction with 93792, 93793)

Remember your coding guidelines!

- According to AMA CPT E/M Guidelines, E/M services may be reported by Physicians and other qualified health care professionals who are authorized to perform services within the scope of their practice.
- Non-Face-to-Face Non-physician services like telephone assessments (98966, 98967 and 98968) can **only be provided by a qualified health care professional.**
- RNs, LPNs and other non-qualified health care professionals cannot use these codes to bill for services.

Reminder: What is a QHP?

- With the recent guidance regarding expansion of Telehealth services, there are some things we wanted to remind folks about. **The changes to HIPAA violations and penalties as well as the expansion of Telehealth services did not change the definition of Physician and Other Qualified Healthcare Professional.**
- CMS defines Qualified Healthcare Professionals as:
  - *Nurse Practitioners*
  - *Certified Nurse Specialists*
  - *Physician Assistant*
  - *Certified Nurse Mid-wife*
  - *Certified Registered Nurse Anesthetist*
  - *Clinical Social Worker*
  - *Physical Therapist*

CMS Expanded Eligible Professionals

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, **clinical psychologists**, clinical social workers, **registered dietitians, and nutrition professionals.**

States Post Their Own Regulations

- Each state has their own guidelines so please check their websites regularly to keep up with changes
- They are adding expanded telehealth services as the public health emergency continues
- Oklahoma – Oklahoma Health Care Authority
- Kansas Department of Health and Environment

Updates on OHCA's website

3/17/20	Expanded use of telehealth and telephonic services during COVID-19 National/State Emergency for COVID-19	The Oklahoma Health Care Authority is allowing expanded use of telehealth beginning March 16, 2020 through April 30, 2020 **for services that can be safely provided via secure telehealth communication devices for all SoonerCare members**. OHCA will assess the status of the COVID-19 situation toward the end of April to determine if the expansion should be continued. Providers will continue to meet the requirements of OAC 317:30-3-27 in delivering telehealth services and must submit claims using the GT modifier. Additionally, the use of telephonic services (non face-to-face) may be utilized in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone. For providers who bill E&M codes, the codes for telephonic services are 99441, 99442 and 99443. Other healthcare professionals can bill using 98966, 98967 and 98968. Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national/state emergency so that all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020.

OHCA updates continued (BH)

Date Posted	Title	Message
3/20/20	Behavioral Health Providers	Effective immediately and only for so long as the national emergency surrounding COVID-19 exists, services rendered by behavioral health providers via telephone will use the HCPCS/CPT codes listed in the rates & codes sheets applicable to their provider type found at www.okhca.org/behavioral-health using the GT modifier. Services should only be delivered telephonically (non face-to-face) in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone. Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national/state emergency so that all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020

OHCA updates continued (PT and OT)

3/25/20	PT and OT services via telehealth	Provider Types/Specialties: 08, 17, 087, 170, 171, 174, 175 Effective immediately and only as long as the national emergency surrounding COVID- 19 exists, OHCA will allow certain PT and OT services to be rendered via telehealth when appropriate. These services include the following CPT codes: 97110 (therapeutic exercise), 97530 (therapeutic activities), and 97535 (home management training for ADLs). These will need to be submitted with the GT modifier. These services will continue to require prior authorization. PT and OT evaluation and re-evaluation services are not appropriate for telehealth and will not be allowed. Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national and state emergency so all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020. If you have any questions, please call the OHCA provider helpline at 800-522-0114. Thank you for your support of SoonerCare.

OHCA Updates continued (Dental)

4/7/20	Telehealth for Dental Providers	Provider Types/Specialties: 08, 27, 270, 271, 272, 273, 274, 275, 276, 277 In accordance with CDC recommendations regarding COVID-19 and the ordinance from Governor Stitt to refrain from any elective dental procedures, OHCA has revised its stance regarding teledentistry. Effective April 1, 2020, SoonerCare will temporarily reimburse providers for use of the D0140 code when coupled with the D9995 code through April 30. An encounter will be considered teledentistry whereby there is a live, two-way, audio-visual, interactive encounter between the patient and the provider. Providers must meet the telehealth requirements in 317:30-3-27. Frequency utilization will be reviewed on a case-by-case basis. If needed, this decision will be revised depending on the future situation. Providers should comply with the ADA policy on teledentistry (link provided below). Teledentistry may be utilized to determine a patient's need for urgent or emergency dental care. All non-essential dental procedures should be postponed. https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry

OHCA Updates
(more PT and OT services added)

4/9/20	PT and OT Services via Telehealth	Provider Types/Specialties: 08, 17, 087, 170, 171, 174, 175 Effective immediately and only as long as the national emergency surrounding COVID-19 exists, OHCA has expanded the list of PT and OT services allowed to be rendered via telehealth, when appropriate. These services will continue to require prior authorization and include the following CPT codes (please refer to the CPT codebook for code definitions): • 97110 • 97112 • 97116 • 97161 – 97168 • 97530 • 97533 • 97535 • 97542 • 97755 • 97763 Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national and state emergency so all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy, or otherwise indicate why telehealth was utilized, if the service was not reimbursed via telehealth prior to March 16, 2020. If you have any questions, please call the OHCA provider helpline at 800-522-0114. Thank you for your support of SoonerCare.

OHCA Updates (Well Child Visits)

- Will allow well child visits via telehealth for children age 2 and older

Date Posted	Title	Message
4/15/20	Well-child visits via telehealth	Provider types/specialties: 08, 09, 10, 13, 316, 318, 322, 344, 345, 349, 359 Effective immediately and only for so long as the national emergency surrounding COVID-19 exists, OHCA will allow well-child visits to be delivered via telehealth for children age 2 and older.OHCA believes telehealth well-child visits for children younger than 2 are not appropriate and would require an in-person visit.Providers will continue to meet the requirements of OAC 317:30-3-27 in delivering telehealth services and must submit claims using the GT modifier. If you have any questions, please call the OHCA provider helpline at 800-522-0114. Thank you for your support of SoonerCare.

OHCA Updates (Extended through May 31st)

- OHCA expanded the use of telehealth services for all providers through May 31st.

4/21/20	Expanded use of telehealth services during the COVID-19 national and state emergency are being extended	Provider types/specialties: All Telehealth services that have been expanded during the COVID-19 national and state emergency are being extended through May 31. OHCA will assess the status of the COVID-19 pandemic toward the end of May to determine if the expansion should be extended.

OHCA Updates (Lab Testing)

- OHCA laboratory testing guidance for codes U0001-U0004.

4/27/20	Laboratory testing for COVID-19	Provider Types: 01, 08, 28 OHCA is reimbursing laboratory testing for COVID 19 using the following codes established by CMS: • **U0001** – CDC 2019 Novel Coronavirus (2019-NCOV) real-time RT-PCR Diagnostic Panel (This code to be used for CDC developed tests). • **U0002** – 2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), any technique, multiple types or subtypes (includes all targets), Non-CDC (This code to be used for non CDC developed tests, i.e. private labs). • **U0003** – 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, making use of high throughput technologies as described by CMS-2020-01-R. • **U0004** – 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R. As per CMS-2020-01-R, https://www.cms.gov/files/document/cms-2020-01-r.pdf • Laboratories are only eligible to bill for U0003 and U0004 if they run COVID-19 testing via high throughput technology that uses a platform that employs automated processing for more than two hundred specimens a day. Examples of high throughput technology as of April 14, 2020 include but are not limited to technologies marketed on that date as the Roche cobas 6800 System, Roche cobas 8800 System, Abbott m2000 System, Hologic Panther Fusion System GeneXpert Infinity System and NeuMoDx 288 Molecular. OHCA will be monitoring laboratories billing services for U0003 and U004 and may request information on testing equipment and systems as warranted. We are unable to reimburse testing billed with new AMA CPT 87635 because CMS has not set pricing guidelines. If this changes, we will send an update. Providers who have already billed claims for 87635 may rebill their claim using one of the above U-codes. If you have any questions, please call the OHCA provider helpline at 800-522-0114. Thank you for your support of SoonerCare.

Kansas

On March 31, 2020, Kansas Medicaid released KMAP General Bulletin 20046. Effective with dates of service on or after March 12, 2020, the bulletin details codes will be allowed for payment when provided by telemedicine/telephone. Providers will be allowed to be reimbursed for the codes when the originating Telemedicine site is place of service "home" (POS code 12).

- **Please note that all services provided by telemedicine/telephone will need to be billed with POS code 02 (not 12).**
- **Only those services directly provided face-to-face by a provider in the home are eligible for POS code 12.**

- While these changes went into effect on March 12, that may not be the date that the MCO begins covering/reimbursing for these services. MCO system status for implementation is available on the KMAP bulletins page.

Kansas Documentation Requirements

Kansas will only pay for audio/video visits that are encrypted (not Face Time)!

Telemedicine services (including telephonic contact) can be made when there is verbal consent received from the patient (to be followed up by written approval) in the medical record. **Please note: Tele-video communication can only be utilized if that system is HIPAA compliant.**

- Mental Health Codes: 90832-34, 90836, 90838-40, 90847, 90863, H0036 (with all current modifiers allowed), H0038, H0038HQ, 90792.
- SUD Codes: H0001, H0004, H0005 U5, H0006 U5, H0015 U5, H0038, H0038 HQ.
- SBIRT Codes: H0049, H0050, 99408, 99409
- Evaluation and Management: 99201-203, 99211-213

For the following codes for Autism services, telephone coverage is not allowed: 97155, 97156.

Please note:

- The code G2012, Virtual Check In, is not allowed.

Kansas

- On April 7, KanCare announced that tele-dentistry effective dates of services from March 12 to May 1 (or until the statewide State of Disaster Emergency is in effect), whichever is earlier is approved for D0140 and D0170.

Teledentistry Codes Approved for KanCare During COVID-19 Emergency

Today, the Kansas Department of Health and Environment (KDHE) Division of Health Care Finance approved a state policy to allow for the reimbursement of teledentistry effective for dates of service on and after March 12, 2020. The policy will remain in effect through the duration of the statewide State of Disaster Emergency or until May 1, 2020, whichever is earlier.

The policy approves the below codes for reimbursement:
D0140: Limited oral evaluation - problem focused
D0170: Re-evaluation - limited, problem focused (established patient; not post-operative)

Telemedicine – Modifiers

- Use Modifier 95 to identify the service was provided via telehealth. Check with your third-party payor if they will accept GT or 95.
- Use Modifier CS to identify it is a COVID-19 related E&M service, **and** you intend to waive or reduce copay.
- For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing wavier for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.
- For professional claims, physicians and practitioners who did not initially submit claims with the CS modifier must notify their Medicare Administrative Contractor (MAC) and request to resubmit applicable claims with dates of service on or after 3/18/2020 with the CS modifier to get 100% payment.
- For institutional claims, providers, including hospitals, CAHs, RHCs, and FQHCs, who did not initially submit claims with the CS modifier must resubmit applicable claims submitted on or after 3/18/2020, with the CS modifier to visit lines to get 100% payment.

CMS WAIVERS

Jackie Reyes, MBA, RHIT, CTR

CMS Hospital & Provider Waivers (03/30/30)

- **Paperwork Requirements:** CMS is waiving certain specific paperwork requirements under this section only for **hospitals** which are considered to be impacted by a widespread outbreak of COVID-19. This allows hospitals to establish COVID-10 specific areas. Hospitals that are located in a state that has widespread confirmed cases would not be required to meet the following requirements:
  - *42 CFR §482.13(d)(2) with respect to timeframes in providing a **copy of a medical record.***

CMS Hospital & Provider Waivers
Medical Records

- CMS is waiving 42 CFR §482.24(a) through (c), which cover the subjects of the organization and staffing of the medical records department, requirements for the form and content of the medical record, and record retention requirements, and these flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.
- CMS is waiving requirements under 42 CFR §482.24(c)(4)(viii) and §485.638(a)(4)(iii) related to medical records to allow flexibility in completion of medical records within 30 days following discharge and for CAHs that all medical records must be promptly completed. This flexibility will allow clinicians to focus on the patient care at the bedside during the pandemic.

CMS Hospital Waivers
Verbal Orders

- **Verbal Orders:** CMS is waiving the requirements of 42 CFR §482.23, §482.24 and §485.635(d)(3) to allow for additional flexibilities related to verbal orders where read-back verification is still required but authentication may occur ***later than 48 hours.*** This will allow for more efficient treatment of patients in a surge situation. Specifically, the following requirements are waived:
- §482.23(c)(3)(i) - If verbal orders are used for the use of drugs and biologicals (except immunizations), they are to be used infrequently.
- §482.24(c)(2) - All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient.
- §482.24(c)(3) - Hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders. This would include all subparts at §482.24(c)(3).
- §485.635(d)(3) - Although the regulation requires that medication administration be based on a written, signed order, this does not preclude the CAH from using verbal orders. A practitioner responsible for the care of the patient must authenticate the order in writing as soon as possible after the fact.

Hospitals (PDF) (3/30/20)

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (04/21/20)

CMS Provider Waivers

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 3/30/2020

- Clinicians can now provide more services via telehealth, A complete list of all Medicare telehealth services can be found here: CMS Telehealth Codes
- Virtual Check-ins services to both new and established patients
(HCPCS codes G2010, G2012)
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits.
(HCPCS codes G2061-G2063).
- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients
(CPT codes 98966 -98968; 99441-99443)

CMS Provider Waivers

Remote Patient Monitoring

- Clinicians can provide remote patient monitoring services to both new and established patients.
- These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease.
- For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. (CPT codes 99091, 99457-99458, 99473-99474, 99493-99494)

CMS Provider Waivers

Removal of Frequency Limitations on Medicare Telehealth

- To better serve the patient population that would otherwise not have access to clinically appropriate in-person treatment, the following services no longer have limitations on the **number of times they can be provided by Medicare telehealth**:
  - A subsequent **inpatient visit** can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233);
  - A subsequent **skilled nursing facility visit** can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
  - **Critical care consult** codes may be furnished to a Medicare beneficiary by telehealth **beyond the once per day limitation** (CPT codes G0508-G0509).

CMS Provider Waivers

Other Medicare Telehealth and Remote Patient Care

- For Medicare patients with End Stage Renal Disease (ESRD), clinicians **no longer must have one "hands on" visit per month** for the current required clinical examination of the vascular access site.
- For Medicare patients with ESRD, we are exercising enforcement **discretion** on the following requirement so that clinicians can provide this service via telehealth: individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months.
- To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require a face-to-face visit for evaluations and assessments, clinicians **would not** have to meet those requirements during the public health emergency.
- Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.
- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for **nursing home residents** and allow visits to be conducted, as appropriate, via telehealth options.

Expansion of Virtual Communication Services for FQHCs/RHCs (1 of 2)

- **Question:** What are "online digital evaluation and management services" in RHCs and FQHCs?

Answer: Online digital evaluation and management services are non-face-to face, patient-initiated, digital communications using a patient portal, that require a clinical decision that otherwise typically would have been provided in the office. CMS has been paying separately under the physician fee schedule for these services since before the PHE and is expanding the same flexibilities to RHCs and FQHCs.

- **Question:** Are there specific codes that describe these services?

Answer: Yes. The codes that have been added for RHCs and FQHCs are:

  - *99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes*
  - *99422 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes*
  - *99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.*

Expansion of Virtual Communication Services for FQHCs/RHCs (2 of 2)

- **Question:** Does the RHC or FQHC practitioner have to be physically in the RHC or FQHC, or can they respond from another location such as their home?

Answer: The RHC or FQHC practitioner can respond from **any location** during a time that they are scheduled to work for the RHC or FQHC.

- **Question:** How will Medicare pay RHCs and FQHCs for performing online digital evaluation and management services?

Answer: The online digital assessment codes are being added to the codes that are billed using HCPCS code G0071, the RHC/FQHC specific code for Virtual Communication Services. The new payment rate is effective for services provided on or after March 1, 2020. claims submitted with this code before the claims processing system is updated will be reprocessed.

RHCs and FQHCs can bill for online digital evaluation and management services using the RHC/FQHC HCPCS code G0071. The payment for G0071 will be the PFS national non-facility payment rate for HCPCS code G2012 (communication technology-based services), HCPCS code G2010 (remote evaluation services), CPT 99421, CPT 99422, and CPT 99423. The new payment rate is $24.76.

NOTE: Because these codes are for a minimum 7-day period of time, they cannot be billed more than once every 7 days.

Medicare Telehealth FAQs (1 of 6)

- **Question:** Who are the Qualified Providers who are permitted to furnish telehealth services under the PHE waiver?

Answer: The same health care providers are still permitted to furnish Medicare telehealth services under the waiver authority during the Public Health Emergency, **including** physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives.
Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish telehealth services within their scope of practice and consistent with Medicare benefit rules that apply to all services.

Medicare Telehealth FAQs (2 of 6)

- **Question:** Can physicians and practitioners let their patients know that Medicare covers telehealth in new locations during the PHE?

Answer: Yes. Physicians and practitioners **should inform their patients** that services are available via telehealth in new locations, including their homes, during the PHE and educate them on any applicable cost sharing.

Example: Navajo Area Providers mailed a letter to their patients informing them services are available via telehealth in their homes, and instructions for the patient to initiate the telehealth service.

Medicare Telehealth FAQs (3 of 6)

- **Question:** Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?

Answer: Services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the beneficiary. If the physician or practitioner furnished the service from a place other than where the beneficiary is located (a "distant site"), they should report those services as telehealth services.

If the beneficiary and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks, the practitioner would **not need to report this service as telehealth** and should instead report whatever code described the in-person service furnished.

Medicare Telehealth FAQs (4 of 6)

- **Question:** How are telehealth services **different** from virtual check-ins and e-visits? How much does Medicare pay for these services?

Answer: Medicare telehealth services are services that would normally occur in person but are instead conducted via telecommunications technology and are paid at the full in-person rate.

Service such as the virtual check-in, eVisits, remote evaluation, and telephone visits are not services that would normally occur in person, and are not paid as though the service occurred in person.

A **virtual check-in** lets professionals bill for brief (5-10 min) communications that mitigate the need for an in-person visit and can be furnished via any synchronous telecommunications technology visit that would be furnished along with an e-visit is similar to a virtual check-in, but should be reported when a beneficiary communicates with their health care provider through an online patient portal.

Telephone visits may be furnished via audio-only telephone whereas the remote evaluation describes the evaluation of a prerecorded video or image provided by the patient.

Medicare Telehealth FAQs (5 of 6)

- **Question:** Will CMS require specific modifiers to be applied to the existing codes?

Answer: For telehealth services furnished during the PHE, CMS is allowing practitioners to use the POS code that they would have otherwise reported had the service been furnished in person. To identify these services as Medicare telehealth, **CMS is requiring that modifier 95 be appended to the claim.**

There are also **three** additional scenarios where modifiers are ordinarily required on Medicare telehealth claims.

1. When a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required.
2. When a telehealth service is billed under CAH Method II, the GT modifier is required.
3. Finally, when telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required.

Medicare Telehealth FAQs (6 of 6)

- **Question:** Can the distant site practitioner furnish Medicare telehealth services from their home? Or do they have to be in a medical facility?

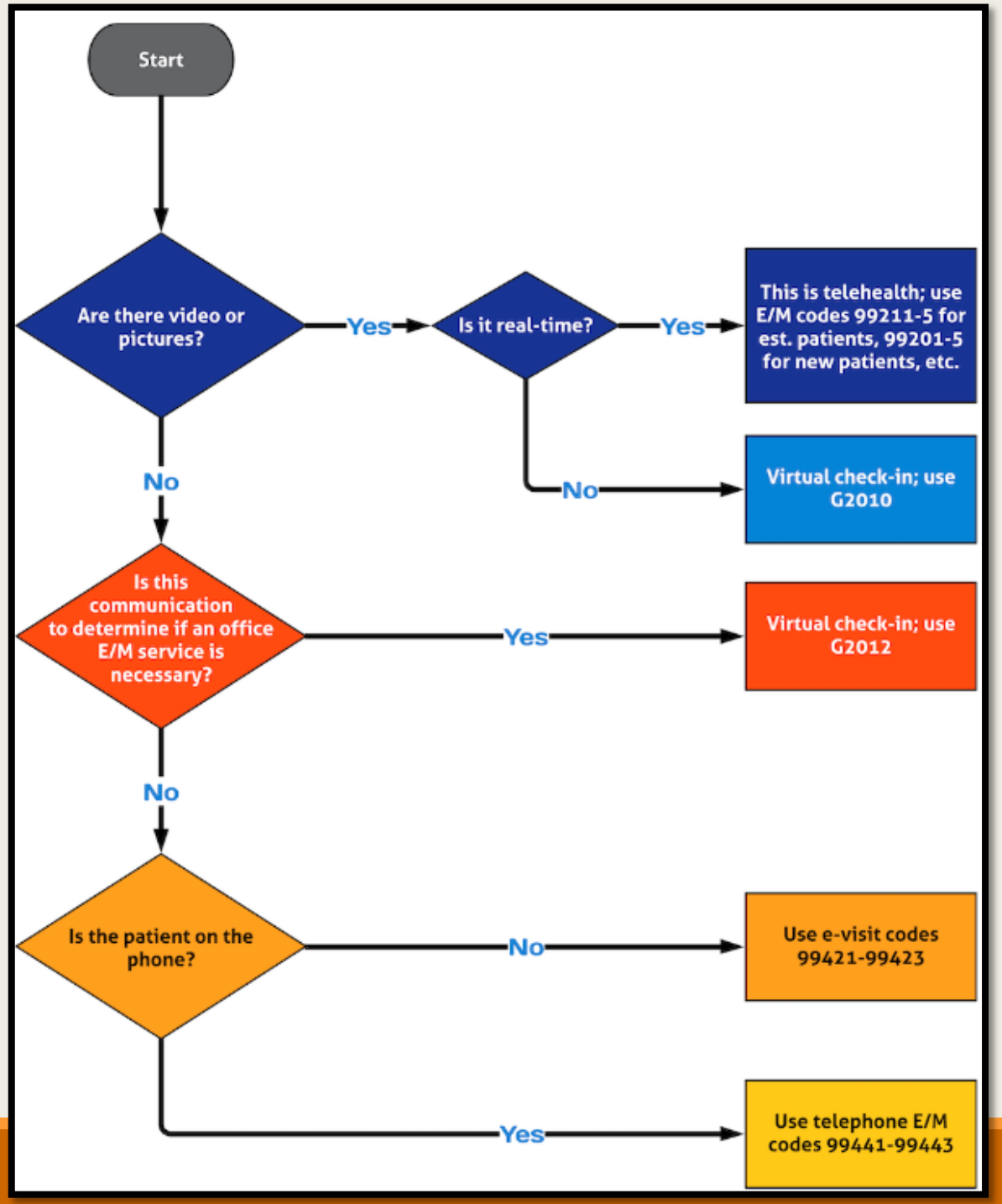
Answer: There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their home during the public health emergency.

The practitioner should report the place of service (POS) code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person.

Medicare Coverage and Payment of Virtual Services CMS Video

Operationalizing Virtual Visits During a Public Health Emergency

Vinita Magoon, DO, JD, MBA, MPH, CMQ



Operationalizing Virtual Visits During a Public Health Emergency

Vinita Magoon, DO, JD, MBA, MPH, CMQ

Service	Summary	HCPCS/CPT code	Additional information
Telehealth (video) visits	Routine office visits performed via video (requires synchronous, real-time audio and video communication)	99201 – 0.48 RVUs 99202 – 0.93 RVUs 99203 – 1.42 RVUs 99204 – 2.43 RVUs 99205 – 3.17 RVUs 99211 – 0.18 RVUs 99212 – 0.48 RVUs 99213 – 0.97 RVUs 99214 – 1.50 RVUs 99215 – 2.11 RVUs 99495 – 2.36 RVUs 99496 – 3.10 RVUs G0438 – 2.43 RVUs G0439 – 1.50 RVUs	• Requires the use of interactive audio and video telecommunications system that permits real-time communication (synchronous communication). • **Medicare requires the place of service code that would have been used if the service had been conducted in person, and modifier 95. Commercial payers may differ.** • Paid at the same rate as regular, in-person visits. Patients must be made aware of potential cost sharing, and their consent to receive the service must be documented.
Virtual check-ins	**Remote evaluation** of recorded video or images submitted by a patient (new and established now allowed) Brief (5-10 minute) check-in with a physician or other provider via **telephone or other telecommunications device** to decide whether an office visit or other service is needed	G2010 – video or image review (0.18 RVUs) G2012 – 5-10 mins (0.25 RVUs)	• **Patient-initiated.** The physician or provider may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or electronic health record portal. • For G2012, document the time spent in the note. • Not separately billable if related to an E/M service provided within the previous seven days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
Telephone services	Telephone E/M service by a physician or other qualified health care professional (allowed for new or established patient during public health emergency)	99441 – 5-10 mins (0.25 RVUs) 99442 – 11-20 mins (0.50 RVUs) 99443 – 21-30 mins (0.75 RVUs)	• Discussion must be **initiated by patient, parent, or guardian.** • Document reason for communication, pertinent data reviewed assessment, and plan. • Not separately billable if related to an E/M service provided within the previous seven days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
Online digital E/M services (CMS e-visits)	Asynchronous (not real-time) communication with a patient through a patient portal or other online method, resulting in a digital E/M service	99421: 5-10 mins (0.25 RVUs) 99422: 11-20 mins (0.50 RVUs) 99423: 21 mins or more (0.80 RVUs)	• These codes are for the cumulative time spent over **seven days.** • Document the time spent in the note. • Must be unrelated to an E/M service provided within the previous seven days and is not separately billable if it results in a subsequent face-to-face E/M visit within the next seven days

QUESTIONS?
DISCUSSION?
OPINIONS?

hmmm...

REFERENCES/RESOURCES

Telehealth References

OCR March 17, 2020, Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency

- Medicare Telemedicine Health Care Provider Fact Sheet
- Oklahoma Health Care Authority
- KanCare
- Heartland Telehealth Resource Center - A Providers Guide: Telehealth Requirements and Policy Changes in Kansas During COVID-19
- Heartland Telehealth Resource Center - A Provider's Guide: Current Requirements for Telehealth Provision and Reimbursement in Kansas

Office of Civil Rights Waivers

OCR Announcements Related to COVID-19:

- OCR Announces Notification of Enforcement Discretion for Community-Based Testing Sites During the COVID-19 Nationwide Public Health Emergency - April 9, 2020
- OCR Announces Notification of Enforcement Discretion to Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight Activities During The COVID-19 Nationwide Public Health Emergency - April 2, 2020
- OCR Issues Bulletin on Civil Rights Laws and HIPAA Flexibilities That Apply During the COVID-19 Emergency - March 28,2020
- OCR Issues Guidance to Help Ensure First Responders and Others Receive Protected Health Information about Individuals Exposed to COVID-19 - March 24, 2020
- OCR Issues Guidance on Telehealth Remote Communications Following Its Notification of Enforcement Discretion - March 20, 2020
- OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency - March 17, 2020

Centers for Medicare and Medicare (CMS)

Coronavirus Waivers and Flexibilities

NEW – Waivers & flexibilities for health care providers

Learn how we're easing burden and helping providers care for Americans by offering **new waivers and flexibilities:**

- COVID-19 Emergency Declaration Blanket Waivers & Flexibilities for Health Care Providers (PDF) ***UPDATED (4/15/20)***
- Blanket waivers of Section 1877(g) of the Social Security Act (3/30/20)
- Medicare IFC: Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC) (PDF) (3/30/20)
  - *IFC Federal Register Announcement (4/1/20)*
- Graphic Overview of Flexibilities (PDF) (3/30/20)
- Frequently Asked Questions to Assist Medicare Providers (PDF) ***UPDATED (4/11/20)***
- Provider Burden Relief Frequently Asked Questions (PDF) (3/30/20)
- Provider Enrollment Relief Frequently Asked Questions (PDF) (3/30/20)
- Updates for State Surveyors and Accrediting Organizations (EMTALA and Infection Control) (3/30/20)
- Reprioritization of PACE, Medicare Parts C and D Program, and Risk Adjustment Data Validation (RADV) Audit Activities (HPMS Memo) (3/30/20)

Centers for Medicare and Medicare (CMS)

Coronavirus Waivers and Flexibilities Fact Sheets

NEW – Waivers & flexibilities for health care providers Fact Sheets:

- Home Health Agencies (PDF) UPDATED (4/14/20)
- Physicians and Other Practitioners (PDF) (3/30/20)
- Ambulances (PDF) (3/30/20)
- Hospitals (PDF) (3/30/20)
- Teaching Hospitals, Teaching Physicians and Medical Residents (PDF) (3/30/20)
- Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities) (PDF) (3/30/20)
- Hospices (PDF) (3/30/20)
- Inpatient Rehabilitation Facilities (PDF) (3/30/20)
- Long Term Care Hospitals & Extended Neoplastic Disease Care Hospitals (PDF) (3/30/20)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (PDF)-UPDATED (4/1/20)
- Laboratories (PDF)-UPDATED (4/1/20)
- End Stage Renal Disease (ESRD) Facilities (PDF) (3/30/20)
- Durable Medical Equipment (PDF) (3/30/20)
- Participants in the Medicare Diabetes Prevention Program (PDF)-UPDATED (4/2/20)
- Medicare Advantage and Part D Plans (PDF) (3/30/20)

IHS HIM Webpage

Coronavirus Disease 2019 Coding References