

## Southwestern Health Resources



### Privacy

The Office for Civil Rights (OCR), on March 17, 2020, provided broad communication stating that they will begin to exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information please see:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

### Billing and Coding Guidelines

On March 5, 2020, the Centers for Medicare and Medicaid Services (CMS) issued formal modifications to billable codes that can be utilized as a result of identified pandemic in response to the COVID-19 outbreak. As part of this guidance, two new Health Common Procedure Coding System (HCPCS) codes were incorporated and can be used when billing Medicare for certain COVID-19 diagnostic tests. The Medicare claims processing system will begin accepting associated claims with these codes effective April 1, 2020 for dates of service beginning on/or after February 4, 2020. [Coverage and Payment Related to COVID-19 Fact Sheet](#).

On March 13, 2020, the AMA published guidance in the [CPT Assistant Fact Sheet](#) regarding a new, specific CPT© code to describe laboratory testing for severe acute respiratory syndrome corona-virus 2 (SARS-CoV-2). Code 87635 is available effective immediately in the CPT© code set and available for reporting beginning March 13, 2020. Please note that third-party payers may have distinct guidelines regarding applicability for retroactive billing and reimbursement.

#### HCPCS Diagnostic Tests

- **U0001** – Providers using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill Medicare for that test using the newly created HCPCS code (U0001).
- **U0002** – Laboratories and healthcare facilities billing Medicare as well as other health insurers that choose to adopt this new code may bill for such tests using HCPCS code (U0002) which generally describes **2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)** using any technique, multiple types or subtypes (includes all targets).

#### CPT© Diagnostic Tests

- **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.

#### ICD-10 CM Coding and Reporting

Effective February 20, 2020, the Centers for Disease Control and Prevention (CDC) issued guidance on how to formally report a confirmed coronavirus (COVID-19) diagnosis. This disease and related conditions may be coded with existing ICD-10- CM codes, following the general guidelines that are currently in place. Other codes for conditions unrelated to coronavirus may be required in order to represent instances and appropriately code in accordance with established *ICD-10-CM Official Guidelines for Coding and Reporting*.

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For COVID-19, the established code is B97.29, Other coronavirus as the cause of diseases classified elsewhere. In the examples below, notice only conditions confirmed due to COVID-19 are to be coded as B97.29, *Other coronavirus as the cause of diseases classified elsewhere*. Until a definitive COVID-19 diagnosis is made these codes can only be used for confirmed diagnosis (e.g., bronchitis, pneumonia) or presenting signs/symptoms (e.g., fever, shortness of breath, cough, etc.)

### Examples:

- Pneumonia confirmed due to COVID-19:  
J12.89, Other viral pneumonia  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Acute bronchitis confirmed due to COVID-19:  
J20.8, Acute bronchitis due to other specified organisms  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Bronchitis, not specified as chronic or acute, confirmed due to COVID-19:  
J40, Bronchitis, not specified as acute or chronic  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Lower Respiratory Infection not specified/acute respiratory infection confirmed due to COVID-19:  
J22, Unspecified acute lower respiratory infection  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Respiratory infection not specified confirmed due to COVID-19:  
J98.8, Other specified respiratory disorders  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Acute respiratory distress syndrome (ARDS) confirmed due to COVID-19:  
J80, Acute respiratory distress syndrome  
B97.29, Other coronavirus as the cause of diseases classified elsewhere
- Exposure to COVID-19, suspected but ruled-out:  
Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
- Exposure to COVID-19, confirmed case:  
Z20.828, Contact with and (suspected) exposure to other viral communicable diseases

### Reference:

ICD-10-CM Official Coding Guidelines – Supplement, Coding encounters related to COVID-19 Coronavirus Outbreak online at: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

### **Telehealth Services and Communication-Based Technology**

Typically, codes billed as Medicare defined “telehealth services” are standard evaluation and management (E/M) codes such as 99213 and 99214, that are billed along with a telehealth “02” Place of Service (POS) and in some cases a “GT” or “95” modifier, if required by commercial payers.

Telehealth and other communication-based technology services may be billed to Medicare using the HCPCS and Current Procedural Terminology (CPT®) codes listed below. For a comprehensive

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listing of Medicare Telehealth Services please click the link [Medicare List of Telehealth Services CY 2019 and CY 2020](#). For telehealth services, in response to COVID-19 all virtual and telephonic services require **verbal consent** by the patient (this should be included in the providers documentation, at the time of the service).

### Telehealth Codes

- **G2010** - Remote evaluation of recorded video and/or images **submitted by** an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- **G2012** - Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **G2061** - Qualified non-physician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
- **G2062** - Qualified non-physician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.
- **G2063** - Qualified non-physician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 min or more.
- **99201-99205** – Office/outpatient visit new patient, standard E/M documentation is required.
- **99211-99215** – Office/outpatient visit established patient, standard E/M documentation is required.
- **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.

### Telephonic Evaluation and Management (E/M) Services

- **99441**- Telephone E/M 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**.
- **99442** - Telephone E/M 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

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soonest available appointment; **11-20 minutes of medical discussion.**

- 99443** - Telephone E/M 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; **21-30 minutes of medical discussion.**

### Summary of Medicare Telemedicine Services

Type of Service	What is the service?	HCPCS/CPT Code	Patient Relationship with Provider
<b>Medicare Telehealth Visits</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>99201-99215 (Office or other outpatient visits)</li> <li>G0421-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth</a>	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
<b>Virtual Check-In</b>	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. <b>A remote evaluation of recorded video and/or images submitted by an established patient.</b>	<ul style="list-style-type: none"> <li>HCPCS code G2012</li> <li>HCPCS code G2010</li> </ul>	For established patients
<b>E-Visits</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>99422</li> <li>99423</li> <li>99431</li> <li>G2061</li> <li>G2062</li> <li>G2063</li> </ul>	For established patients.