



COVID-19 Revenue Cycle Updates

Revenue Cycle Updates

*Please note that the following rules are specific to be used during the pandemic.

*There are stricter telehealth and HIPAA policies that will apply after the pandemic.

Updated April 2, 2020



Health Insurance Portability and Accountability Act (HIPAA)

- The Office for Civil Rights (OCR) at the Department of Health and Human Services are allowing providers to use communication methods that may not fully comply with the requirements of the HIPAA Rules.
- This applies to all services and not just those services related to COVID-19
- OCR is using their discretion to enforce penalties, but this does not absolve any healthcare providers from any liability with the patients.
- “Acceptable” applications
 - Apple FaceTime, Facebook Messenger video chat, Google Hangouts or Skype
- Banned applications
 - Facebook Live, Twitch, TikTok and similar video communication applications are public facing and should **not** be used.
- Vendors that represent that they are HIPAA compliant
 - Skype for Business, Updox, Vsee, Zoom for Healthcare, Doxy.me and Google G Suite Hangouts Meet



Consent

- Verbal consent is acceptable if the medical record contains the following information.
 - Name of the adult giving consent for the patient to be treated virtually and their relationship to the patient.
 - Please include the date and time before initiating service.
- It is also recommended that the duration of the visit is notated in the medical record.
- The caregiver/parent must initiate the visit.





Payor Updates

United Healthcare

- The policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their providers through live interactive audio, and visits.
 - UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction for Medicare Advantage, Medicaid and commercial members, so that care providers can bill for telehealth services performed while a patient is at home.
 - Practices can still bill with place of service (11) and modifiers GT, GQ, and 95 can be used.
 - Effective March 17th, 2020 and tentatively scheduled to end June 18th, 2020 and includes services not related to COVID-19.
- Self-funded plans may not cover telehealth services.
- Member cost sharing and benefit plans apply.
 - Cost associated with COVID-19 testing provided at locations approved by the CDC will be waived.



Aetna

- Aetna will waive co-pays and apply no cost-sharing for all diagnostic testing related to COVID-19 and there will be no member out of pocket cost.
- Cost sharing will be waived for all virtual visits through Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial plan designs.
 - \$0 co-pay for all telemedicine visits.
- Effective March 6th, 2020 and tentatively scheduled to end June 4th, 2020 and includes services not related to COVID-19.
- Self-insured plan sponsors will be able to opt-out of this program at their discretion.



Cigna

- Cigna will reimburse in person visits, phone calls, real-time synchronous virtual visits, and testing for COVID-19 without copay or cost share for all individuals covered under a fully-insured Cigna medical benefit through May 31st, 2020.
 - Cigna claims processing systems will be able to accept this coding guidance on **April 6, 2020** for dates of service on or after March 2, 2020.
- If the virtual visit is **not** related to COVID-19, the ICD10 code for the visit should be billed and reimbursement will be made according to applicable benefits and related cost share.
 - Standard face-to-face E/M codes can be billed.
 - GQ Modifier with a POS (11)



Humana

- Humana will waive out-of-pocket costs associated with testing for COVID-19 for patients who meet CDC guidelines at approved laboratory locations.
- **Telemedicine costs waived for all care needs for next 90 days** – To help reduce the risk of infection and spread of disease, Humana is encouraging members to use telemedicine (e.g., video chat) as a first line of defense for all care needs. Humana is working closely with federal agencies to understand the impacts of both telemedicine and the coronavirus test on High Deductible Health Plans and Health Savings Accounts."



Medicaid/CMOs

- In response to the COVID-19 State of Emergency, the Department of Community Health is waiving certain policies related to telehealth/telemedicine to support the use of telehealth in diagnosis and treatment.
 - Services do not have to be related to COVID-19.
 - Includes telephone communication, use of webcam and video cell phone communication.
- During the period of COVID-19 emergency response, providers should make a good faith effort to ensure that communication is secure and that HIPAA requirements are met for the privacy and confidentiality
- Medical documentation requirements.
 - Documentation must indicate the services were rendered via telehealth and the location of the originating and distant sites.
 - Start and stop times.



Tips for Success

- Please note the dates that the payor systems will be ready to accept claims.
- Please update your medical billing software to use the correct information for each payor.
 - POS (02) or (11). The current billing system may be set up to automatically drop with the POS (11) which is for an office location.
- Please use the appropriate CPT and diagnosis codes as dictated by the payors.
- Please use the modifiers that are required by each payor.
- Pay attention to the effective dates and tentative end dates that were provided by the payors and monitor the sites.
 - Once the President ends the national emergency and/or the payors end date is reached, the telehealth and HIPAA policies will return to their original standards.



Telemedicine Claims Starting to Process

- First claims are coming through. Here is what we know so far:
 - Some payors are still assigning patient responsibility
 - Some procedures are paying lower reimbursement rates
 - Therefore it is very important to closely monitor your practice's AR and/denial reports.
 - Note: Claim issues could be attributed to payor systems not yet up to speed to handle COVID-19 and telemedicine. The issues can be due to coding issues.



Starting and Finishing Strong

- Checking eligibility and benefits are crucial.
 - Self-funded plans can opt out of these special provisions or exclude telehealth from their policy which means that the patient would not be covered for this type of visit.
 - Please call the payors for clarity and obtain a reference number for the call.
- Monitor your AR and work your denials as there may be payor issues that can be identified and corrected early on.
- Follow the normal dispute process to dispute unfavorable outcomes.

