

COVID-19: What the “Office” Needs to Know As of 3.24.2020

The information below is about the reimbursement and payer issues only. Matters of the [Louisiana State Board of Medical Examiners](#) or [Arkansas State Medical Board](#) are not addressed in this article.

For questions regarding your LAMMICO coverage, please call the Underwriting Department 800.452.2120.

The information pertaining to the authorization, coding, billing, third-party payer issues and payment related to COVID-19 is scattered across many websites. The document below highlights some specific information and provides links to the resources.

HIPAA

The HHS Office for Civil Rights (OCR) will [exercise enforcement discretion and waive penalties](#) for HIPAA violations against healthcare providers that serve patients in good faith through everyday communication technologies, such as FaceTime or Skype, during the COVID-19 public health emergency.

Diagnosis Coding

- **Z03.818** possible exposure to COVID-19, but the disease is ruled out
- **Z20.828** actual exposure to someone who is confirmed to have COVID-19

Diagnosis code **B34.2**, *Coronavirus infection, unspecified*, should not be used for the COVID-19, because the cases have universally been a respiratory infection, so the site would not be classified as “unspecified” as represented by code B34.2.

Other codes for conditions unrelated to coronavirus may also be required in order to code services. For more ICD-10 coding guidelines, see the [CDC ICD-10 Official Coding Guidelines Supplement](#).

Coding for Services

Testing

There are no specific CPT codes for diagnosing patients for COVID-19.

If you prepare a specimen and send it to an outside lab to test for the virus, the specimen collection code is **99000**. However, CPT code 99000 is designated as [status](#)

[B code](#) (bundled and never separately reimbursed) on the Physician Fee Schedule RBRVU file.

Phone calls

Routine phone calls using the Telephone Services codes (99441-99443) are not usually covered by Medicare, Medicaid or most payers. However, effective for dates of service on or after March 13, 2020, Louisiana Medicaid will reimburse telephone evaluation and management services for patients who are actively experiencing symptoms consistent with COVID-19.

Telehealth

Telehealth services substitute for an in-person encounter using interactive audio and video telecommunication systems between a patient and provider. There are payer specific requirements for reimbursement.

1. [Medicare](#)

- No specific CPT codes or diagnosis codes for telehealth, but Medicare only reimburses for [certain services](#) under telehealth.
- Services can now be provided in metropolitan and rural communities and in all settings *including patient homes*
- Paid at the same rate as regular, in-person visits
- Services can be provided to a new or established patient
- Allows use of devices that have **audio and video** capabilities
- POS – 02
- Co-insurance and deductible may apply to these services. (**NOTE:** OIG has given providers the ability to waive the copay, deductible and out of pocket costs for any Federal health plans. [See this policy statement.](#))
- [Medicare Advantage](#) plans do not all have those same requirements

2. [Medicaid](#)

- State specific policies
 - [Louisiana](#) Medicaid page 173
(**NOTE:** In the [LA Provider Update: 3.17.2020](#) an interactive audio-only system may be employed)
 - [Arkansas](#) Medicaid section 105.190

3. [Commercial](#)

- May bill with POS-02 or 11
- May require modifier (e.g., GQ, GT or 95)
- **Appendix P of the CPT book lists codes that can be paid via telehealth**

Payer policies and requirements vary. Please see specific payer policies using the links below under: “Payer Specific Resources.”

Non-telehealth Services

1. **Virtual check-in** (Brief communication through synchronous or asynchronous technology)

- **G2012** – telephone
- **G2010** – captured video or image

- For patients with an **established relationship**
 - Co-insurance and deductible may apply to these services
 - Limited to providers who can bill E/M services (not with unlicensed staff)
 - Patient consent must be documented
 - Will not be paid within seven days of an office visit
 - Not paid if an office visit is paid within 24 hours following
 - Telephone or smart phone technology are acceptable (G2012)
 - Follow-up from receipt must be within 24 hours (G2010)
 - Billed with POS code 11
2. **E-visit** (Non face-to-face patient initiated communication with provider's office using patient portal)
- **99421-99423** (by a **qualified healthcare professional**)
 - **G2061-G2063** (by a **non-qualified non-physician** healthcare professional)
- Patient initiated
 - Established patient
 - Must provide an [evaluation and management service](#) (This code is not to be used for scheduling appointments, reporting test results, etc.)
 - Can only be billed once per 7-day period
 - Co-insurance and deductible may apply to these services

Please refer to your 2020 CPT® and ICD-10-CM codebooks for the guidelines and documentation requirements. Always check with your biller or a certified coder before using any new codes.

See the [COVID-19 – FAQs](#) for more information

Other Payer Changes for COVID-19

Most of the third-party payers are implementing the following to facilitate access to care for patients with or suspicious of coronavirus infection.

- Waiver of prior authorizations for diagnostic tests and for covered services that are medically necessary for the diagnosis of the virus (e.g., lab)
- Diagnostic services (as defined and approved by the CDC) covered at 100% without a patient copay, deductible or cost share
- Increasing refill limits on 30-day prescription maintenance medications (consistent with member's benefit plan) and/or encouraging members to use 90-day mail order benefit
- Encouraging telehealth and remote services

Payer Specific Resources

- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Medicare](#)
 - [Medicare Advantage Plans memo](#)
 - [Coverage and Payment Fact Sheet for Medicare](#)
 - [Telehealth Fact Sheet](#)
- [Louisiana Medicaid](#)
 - [LA Medicaid Provider Manual \(telehealth pg. 174\)](#)
 - [Health Plan Advisory \(March 18, 2020\)](#)
- [Healthy Louisiana Plans](#)
 - [Louisiana Healthcare Connect](#)
 - [AmeriHealth Caritas](#)
 - [Aetna Better Health](#)
 - [Healthy Blue](#)
 - [UHC Community Plan](#)
- [Arkansas Medicaid Telehealth](#)
- [Blue Cross](#)
 - [LA COVID-19](#)
 - [LA Telehealth \(section 5.37, pg. 224-230\)](#)
 - [AR Telehealth \(pg. 291-292\)](#)
- [Cigna's Response to COVID-19](#)
- [United Healthcare](#)
- [United Healthcare Telehealth](#)
- [Humana](#)
- [Humana Telehealth](#)
- [Aetna](#)

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