The Impact of a Public Health Emergency on Revenue Cycle Management

MONTE SANDLER

March and April were challenging months for all of us, and the revenue cycle management arena is no exception. A few months ago, we never would have imagined that our everyday lives would grind to such a halt—from schools, sports, concerts, and events canceled to self-quarantines and stay-in-place mandates. The financial markets have lost tremendous value and many people have lost or will likely lose their jobs. In all of this craze, we have seen our urgent care customers rise to the occasion to support their communities and show amazing human ingenuity. Telehealth has been thrust into the forefront along with curbside visits, telephone visits, and patients being examined in their cars or portable tents.

State and federal regulations have been eased to allow providers to more easily deliver these services and many payers have relaxed billing rules to ensure providers are reimbursed for the care they provide. Because so much is happening all at once, clinics are finding it increasingly difficult to stay on top of it all.

This month, I want to highlight some of the relaxed restrictions that we've encountered:

- Telehealth has exploded, with CMS adding 80 services to the list of eligible codes, including critical care consults.
- Modalities that are not considered HIPAA-compliant, like FaceTime and Skype, are being allowed temporarily.
- Originating site requirements have been revised so patients can access telehealth services from wherever they are located, including home.
- Telehealth services are being paid at the same rate that a practice would receive if the patient was seen in the office.
- Some licensing requirements have been waived so patients out-of-state have access to care.
- Telephone calls are an option for those patients who may not be able to use a computer.
- Most major commercial payers are waiving copays and deductibles for participating providers for COVID-19 testing and treatment. Some are waiving the patient's portion regardless of the diagnosis for telehealth.
- Some local legislation related to surprise billing has been enacted to protect patients.

While all of these changes are temporary, they pose serious challenges to clinics' efforts to bill the claims correctly, so the patient does not receive a bill in error. Rules do vary by payer, and you need a team to ensure your clean claims.

For COVID-19 testing and treatment, it is imperative that the diagnosis be correct for proper claim adjudication.

The Centers for Disease Control and Prevention approved a new ICD-10 for COVID-19, U07.1, which became effective on April 1, 2020 for billing purposes. This should be the primary diagnosis when a patient tests positive for COVID-19. An additional ICD code may be used to identify pneumonia or other manifestations (eg, J21.81, Pneumonia due to SARS-associated coronavirus).

When a patient tests negative for COVID-19, code signs and symptoms for each presenting problem (eg, RO6.02, Shortness of Breath). It is important to report Z03.18 (possible exposure) or Z20.828 (actual exposure) in addition to the symptoms so it is clear the services are related to COVID-19.

For services provided prior to April 1, 2020, multiple codes may be required to accurately report the final diagnosis when confirmed as due to COVID-19. The most important code to have on these older claims is B97.29 (Other coronavirus as the cause of diseases classified elsewhere).

Experity has a coding blog that is updated regularly to keep all providers up to date on this evolving situation. It can be found at https://www.experityhealth.com/resources/em-coding-for-coronavirus-covid-19/. ■

Monte Sandler is Executive Vice President, Revenue Cycle Management of Experity (formerly DocuTAP and Practice Velocity).