



Reimbursement Memo

To: Primary Care Physicians

Re: COVID-19 Office Practice Update March 13, 2020

This update provides additional details for primary care physician practices regarding our COVID-19 processes.

Diagnosis Coding for Services related to COVID-19

Please follow ICD-10 CM Diagnosis Coding guidelines published by CDC if the need arises to report claims for COVID-19 related services. Current guidance, released February 20, 2020, is available on the enclosed attachment. If the CDC makes additional recommendations in the future, please adhere to updated guidance. Adherence to these recommendations will assist in the appropriate adjudication of claims.

Expanding Telehealth Service Coverage

In response to the COVID-19 crisis, Independent Health will issue a temporary expansion of covered telehealth services.

Effective immediately, in addition to previously covered services, all Independent Health members may now receive services via the telephone from their Primary Care Physician or Advanced Practice Primary Care Practitioner. Please submit your claim using the codes below that best describes the service level you provided.

Additionally, to help accommodate the financial impact of the influx of telehealth services related to COVID-19, Independent Health will temporarily allow fee-for-service reimbursement for COVID-19 related telehealth services for all codes that would have otherwise been included in the Primary Value Global Payment. Please see the chart enclosed for the applicable services and for easy reference, the Physician reimbursement effective 4/1/20.

To receive the Fee for Service payment on a COVID-19 related telehealth service, the claim line must be submitted with modifier AO. The diagnosis coding on the claim must align with the instructions within this letter in order to identify the service as COVID-19 related.

Providers should ensure they protect patient privacy and remain compliant with the HIPAA rights of their patients whenever care is delivered.

We will reassess the need to continue or discontinue the coverage and payment expansion after a period of 30 days and will communicate accordingly.

Member Benefits and Coverage

Independent Health will comply with all State and Federal regulations regarding member liability exceptions related to COVID-19. We anticipate additional guidance and changes from the federal and state agencies, but please be assured we will implement processes and procedures to adjudicate claims compliantly. We acknowledge that some of these changes, may result in claim reconciliation and/or adjustments and we appreciate your collaboration and understanding during this time.

Supplemental Services

Although we are encouraging our members to engage with their PCP care team if they believe they have been exposed to or are showing symptoms of COVID-19, we want to make you aware of an additional resource available for members. In the event your practice is experiencing hardship or becomes overwhelmed with patient demand during this time and are unable to provide care, or for members who may not have an established relationship with a PCP, Independent Health offers Teladoc® as an option to members.

Most of our members have access to services through Teladoc® and we have verified the company's readiness to handle COVID-19 related cases and concerns. We emphasize to our members about the importance of working with their PCP but acknowledge the strain this pandemic could put on your daily workflow.

Medication Coverage

In the event of drug shortages, related to COVID-19 we will cover alternative medications, including the brand name medication if there is a shortage of the generic. We will allow early refills or an extended day supply in certain situations related to COVID 19 such as high-risk members with chronic conditions or members who may not have access to a pharmacy. If your patient needs early refills related to COVID-19, please have their pharmacy contact our pharmacy help desk to obtain an override. At this time there are **no known shortages** related to COVID-19.

References

The Erie County Department of Health website includes specific details on when health care providers should authorize testing for COVID-19.

Up-to-Date Information

Please continue to follow the most up-to-date information about COVID-19 at:

- Centers for Disease Control and Prevention
- New York State Department of Health
- Erie County Department of Health

If you have questions related to Independent Health, please contact our Provider Relations department Monday through Friday from 8 a.m. to 6 p.m. at (716) 631-3282 or providerservice@servicing.independenthealth.com

Attachment to COVID-19 Office Practice Update March 13, 2020

Code	Description	Non-Facility			Facility		
		Commercial & Self-Funded	Medicare Adv	State Products	Commercial & Self-Funded	Medicare Adv	State Products
99421	Online dig e/m svc 5-10 min	<p style="text-align: center;">For pricing information, please click the link directly below the link to this document on the Catholic Medical Partners website. You will be required to log in.</p>					
99422	Online dig e/m svc 11-20 min						
99423	Online dig e/m svc 21+ min						
99441	Phone e/m phys/qhp 5-10 min						
99442	Phone e/m phys/qhp 11-20 min						
99443	Phone e/m phys/qhp 21-30 min						
99446	Interprofessional ph/intrnet/ehr 5-10						
99447	Interprofessional ph/intrnet/ehr 11-20						
99448	Interprofessional ph/intrnet/ehr 21-30						
99449	Interprofessional ph/intrnet/ehr 31/>						
99451	Interprofessional ph/intrnet/ehr 5/>						
99452	Interprofessional ph/intrnet/ehr rfri						
G2010	Remote image submit by pt						
G2012	Brief check in by md/qhp						

Telemedicine: Bill E/M (or other applicable) code with POS 02 and Telehealth Modifier

- Telemedicine is the use of HIPAA Compliant synchronous, real-time electronic audio-visual communications by a distant site practitioner to furnish health care services to a member at an originating site.



ICD-10-CM Official Coding Guidelines - Supplement
Coding encounters related to COVID-19 Coronavirus Outbreak
Effective: February 20, 2020

Introduction

The purpose of this document is to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

The COVID-19 caused an outbreak of respiratory illness, and was first identified in 2019 in Wuhan, Hubei Province, China. Since then, thousands of cases have been confirmed in China, and COVID-19 has also spread internationally, including in the United States. Investigations are ongoing. The most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19).

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

The confirmed COVID-19 infections can cause a range of illness, from little to no symptoms, to those affected being severely ill and even dying. Symptoms can include fever, cough, and shortness of breath. Symptoms may appear from 2 to 14 days after exposure, based on the incubation period for other coronaviruses, such as the MERS (Middle East Respiratory Syndrome) viruses.

<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

The ICD-10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance

Pneumonia

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute Bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

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, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

ARDS

Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

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, it would be appropriate to assign the 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 to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Signs and symptoms

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would in generally not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”

If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

This coding guidance has been developed by CDC and approved by the four organizations that make up the Cooperating Parties: the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

Reference:

COVID-10 clinical presentation:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>