Coding Guide for COVID-19

From the office of coding compliance

All information has been gathered from Medicare, AMA, CDC

***Please understand that things are constantly changing and getting updated and revised. As of today March 24, 2020 10:30AM this is the most up to date information we can provide to you. Know that if a change/update or revision comes in I will notify you ASAP! New information will be highlighted. Please distribute to your coders and billers, providers and anyone you feel need this information. As always if you need anything please feel free to reach out by phone or e-mail 304-691-6726 chapman114@marshall.edu

Codes are being loaded today!

A good idea for workflow- If your providers are using telehealth or other services below, have your doctors complete their documentation and then task the billing/coding team to drop the charge not the provider.

The billing teams may need to be in touch with payers to see what they will accept or how they want the codes some need modifiers(listed below) while others only need the place of service to be 02.

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Patient consent- prior to the visit

The patient must give consent prior to the visit. The routine protocol will be that a patient service representative (PSR) will contact the patients whom you have identified as candidates for virtual check-ins prior to the visit and obtain verbal consent for the virtual check-in. This will be documented and scanned into Allscripts as a "Verbal Consent for Virtual Check-In" document. (If a nurse obtains the consent outside of this workflow, the consent may be entered directly in Allscripts using the "Verbal Consent for Virtual Check-In" note.)

Visit Scheduling and Documentation

Virtual visits will be scheduled in Centricity on your regular appointment templates. We recommend that the in-person visits for stable, established patients who are already scheduled be converted to virtual check-ins. Please notify the PSR staff on which appointments you will offer virtual visits. After you work with these visits for a few days, you may find that you could can schedule visits more frequently. If so, please email us with an outline of your plan and template change to accommodate for visits during this crisis.
At the time of the appointment on the schedule, the nurse will call the patient and then transfer the patient to the provider. The provider will document in Allscripts as usual. The note type is "Virtual Check-In." Please note start time and end time of the call as this is a requirement of payers. You will address the same items you would during a normal visit (discuss the status of chronic issues, address any new problems, review the medication list including refill needs, discuss recent test results, create a plan, and/or any other issues you feel are pertinent).

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Telehealth- Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions

At Marshall Health we will be utilizing Amwell, Microsoft Teams- the patient will log in to a computer or download the app to a mobile device (cell phone or tablet) and be connected to their doctor.

For telehealth, there are no special codes- everything that would be documented during a traditional office visit will be included in the documentation of telehealth therefore you will submit regular E/M codes with POS 02 to designate it was a telehealth visit

Code	POS	Description
99201	02	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	02	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	02	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	02	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99205	02	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are

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		provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99212	02	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	02	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	02	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	02	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Modifiers

Special modifiers for Telehealth are going to be required for some payers like United Healthcare, Highmark, Medicare and Medicaid(obviously there are more payers and we do not have that information on this handout at this time, please be proactive and check with your payers before submitting claims)

Modifier	Description	payer
95	Synchronous Telemedicine Service Rendered via a real-time interactive Audio and video telecommunications system	United health care Highmark
GT	Via interactive audio and video telecommunication systems	WV state Medicaid Highmark
GQ	via asynchronous telecommunications system	United Healthcare
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	United Healthcare

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Virtual check in

This is for when the Physicians or other qualified health care professional want to call patients to “check in” with them while on the phone they will discuss their medical condition and decide if the patient truly needs to come into the office for a visit.

Code	POS	Description
G2012	02	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 mins of medical discussion
99441	02	telephone evaluation and management 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 or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	02	telephone evaluation and management 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 or procedure within the next 24 hours or soonest available appointment; 11-20minutes of medical discussion.
99443	02	telephone evaluation and management 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 or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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E- Visits

This is when we use an electronic device to have a medical discussion with a patient same as virtual check in but instead of the telephone we are making use of the internet.

Code	POS	Description
99421	02	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	02	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	02	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
G2061	02	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7days; 5-10 mins
G2062	02	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7days; 11-20 mins
G2063	02	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7days; 21 or more mins

Telehealth consults for initial inpatient

For Medicare patients use the following G codes for private payers use the regular E/M code with POS 02 to designate it as a telehealth service

Code	POS	Description
G0425	02	telehealth consultation, emergency department or initial inpatient, typically 30 mins communicating with patient via telehealth
G0426	02	telehealth consultation, emergency department or initial inpatient, typically 50 mins communicating with patient via telehealth
G0408	02	follow up inpatient consultation, limited, physicians typically spend 35 minutes communicating with patient via telehealth

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Testing for coronavirus

Code	Description
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
U0002	Non-CDC test for Covid-19

Diagnosis codes associated with COVID-19- please see attached official document from the CDC for full descriptions and more details

ICD-1-CM code	**Description**
J12.89	Pneumonia confirmed due to COVID-19
B97.29	other coronavirus as the cause of disease classified elsewhere
J20.8	Acute bronchitis due to other specified organisms
J40	Bronchitis not specified as acute or chronic
J22	lower respiratory infection, not otherwise specified (NOS)
J80	ARDS(Acute Respiratory Distress Syndrome)
Z03.818	encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	contact with and (suspected) exposure to other viral communicable diseases
R05	cough
R06.02	shortness of breath
R50.9	fever, unspecified

Documentation guidelines:

Telehealth-With telehealth (Amwell) all components of E/M must be documented, somewhere in the note it must specify that this encounter was done using telehealth

Time based codes- Must have time documented in the note: Time the call started and time the call ended as well as total time of call. This is to protect us from insurance audits once this is all said and done. *Example: Call began at 9:00AM Call ended at 9:05AM Total time of call 5 minutes*

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Telehealth Documentation Guidelines

Telehealth: whether you are using Amwell or Microsoft teams please keep these guidelines in mind when documenting your telehealth encounters

- **Document your encounter as if it is a traditional face to face encounter using the following table as a guide**

Component of E/M	What needs to be documented
History	
Chief complaint	This is where you will comment that this is a telehealth service due to covid-19
History of present illness	A simple statement to a paragraph explaining the patients illness in the patient's own words
ROS	An interview between provider and patient regarding signs and symptoms
PFSH	The patients past family and social history which is already documented as part of our EHR
Exam	
	Continue to use the template inside Allscripts to document the exam that is able to be done through telehealth
MDM	
# of diagnoses	The number of Dx you are personally diagnosing or you are managing
DATA	**Data:** to be ordered or reviewed Radiology- to be ordered or reviewed Labs- to be ordered or reviewed Prescriptions- new or established that you are adjusting the dosage
TIME	
	A time statement must be included in all telehealth services this should include the start time of the call/appointment as well as the ending time of the call with the total time spent on the call This is to ensure that proper reimbursement is achieved for services rendered
Notes	It is also important to document how the telehealth service was provided, Microsoft teams, Amwell… as well as document anyone else in the room during the encounter such as a nurse or other team member (i.e scribe).

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Telehealth Documentation Guidelines

Phone services/ virtual check-ins-Calling your patient to check on them to see if an in office encounter is necessary is an option now

Documentation guidelines to keep in mind	**Guidelines to keep in mind in order to qualify for virtual check-in**
• The reason for the call being COVID-19 • What you reviewed with the patient on the phone • The provider must be the one who speaks to the patient • Total time of call with start and stop time of the call documented- this is to ensure proper reimbursement for the services rendered.	• Limited to established patients • Conversation must be brief 5-10 mins • The phone call cannot be related to a office visit in the past 7 days • The phone call cannot result in making an appointment within 24 hours • To decide whether an office visit is necessary
Notes: Patient must give consent on the phone in order for this service to be billed. This is so the patient knows the service will be billed and they will be aware should a copay apply (many payers are waving copays during this pandemic but in case we have to let the patient know)	

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Any questions about documentation or coding please let me know chapman114@marshall.edu 304-691-6726

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