



EDPMA News Alert: Coronavirus Updates: Telehealth, HIPAA, Coding & Payment

In an effort to respond to several questions received about payment and coverage of coronavirus-related testing and treatment, we wanted to redistribute currently available information and add some important updates, including today's announcements on expansion of telehealth for Medicare beneficiaries and discretionary enforcement of HIPAA violations. Much of the information was included in the EDPMA March Advocacy Newsletter distributed on Friday, March 13th, but we wanted to provide you with a comprehensive state of play as of March 17th:

- **FACT SHEET: Medicare Coverage and Payment Related to COVID-19**
Medicare including information on creation of HCPCS codes U0001 and U0002([link](#))
- **ANNOUNCEMENT: AMA CPT Release of Path & Lab CPT Code 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) ([link](#))
- **CDC CODING GUIDANCE ([link](#)): In particular, for those cases without a definitive diagnosis, the CDC guidance provides:**

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).

CMS has also made the following information available:

- [information](#) related to coverage and benefits within Medicaid and the CHIP program,
- [Information](#) related to coverage and benefits within the individual and small group market,
- MAC COVID-19 [test pricing](#),
- Frequently asked questions ([FAQs](#)) for health care providers,
- [FAQs](#) for state Medicaid and CHIP agencies,
- [FAQs](#) for states without a section 1115 waiver,
- [FAQs](#) for states with a section 1115 waiver.

For links to all relevant CMS information, visit [here](#).

While policies could change based on new laws or regulations, some helpful information has also been provided by the lead health insurer association, America's Health Insurance Plans (AHIP):

- AHIP general statement: [link](#)
- AHIP compilation of insurer resources/links: [link](#)
- AHIP Coverage FAQs: [link](#)

Telemedicine: The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 included a provision related to telehealth for the Medicare population, subsequent to the President's signature of the bill, the Centers for Medicare and Medicaid Services (CMS) issued a [document](#) related to coverage and payment for Medicare.

Just moments ago, the Administration released several new resources related to policies for telehealth:

- **CMS PRESS RELEASE** announcing expansion of Medicare's telehealth benefits under the Administration's 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 ([link](#)).
- **CMS FACT SHEET** on Medicare coverage and payment of virtual services ([link](#))
- **CMS TELEHEALTH FAQs (Updated 3/17/20)** ([link](#))

Of significant note, the Administration has waived the requirement that telehealth services can only be billed if provided to an establish patient. As stated in CMS' updated Telehealth FAQs:

Q: Will CMS enforce an established relationship requirement?

A:*No. It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

However, it is also important to note that this applies only to services that are officially on the list of telehealth services as listed [here](#). Other codes that are restricted to established patients for reasons other than the telehealth rules, such as G2012 (*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 minutes of medical discussion*) where the descriptor, rather than the telehealth restrictions, limits the service to established patients are not yet subject to this waiver.

Hart Health Strategies, Inc. has developed an information summary on telemedicine that will be updated as often as possible when new information becomes available. The document is available [here](#).

HIPAA Violations

The Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19.

OCR will be providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to patients responsibly.

The Notification of Enforcement Discretion on telehealth remote communications may be found [here](#).

For more information on HIPAA and COVID-19, see OCR's February 2020 Bulletin [here](#).
