

# COVID-19 Advisory Updates

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# COVID-19 Related Waiver History



## Section 1135 Waivers

- If the President has declared an emergency or disaster and the Secretary of Health and Human Services (HHS) has declared a public health emergency, the Secretary can use Section [1135 authority](#) to waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of Medicaid enrollees in affected areas.
- On March 13, 2020, President Trump issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. After this declaration, Department of Health & Human Services Secretary Azar authorized waivers and modifications under Section 1135 of the Social Security Act
- Subsequently, the Center for Medicare and Medicaid Services (CMS) issued [blanket Section 1135 waivers](#) for many Medicare provisions
- Additionally, states are able to submit to CMS for approval Section 1135 waivers for Medicaid provisions.

# 1135 Waivers - Overview

- **Background:** temporary relaxation of criterion in a declared emergency
- **Claim-Level Identifiers** apply (DR/CR)
- **Duration:** typically terminate at the earlier of 60-days or termination of the emergency. HHS Secretary has statutory authority to extend.
- Some are “**Blanket**” others are “**Case-by-Case**”

# 1135 “Blanket” Waivers

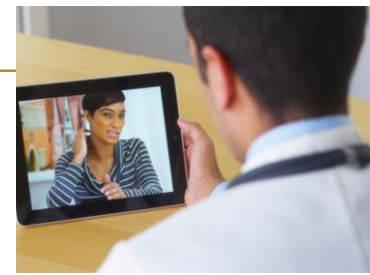
- **Critical Access Hospitals (CAHs)** for 25-bed limit and 96-hour limit
- **Skilled Nursing Facilities** – waiver of 3-day inpatient qualifying event
- **Care for Excluded Inpatient Rehabilitation or Psychiatric Unit Patients in the Acute Care Unit of a Hospital and Housing Acute Care Patients in Excluded Distinct Part Units**
- **Durable Medical Equipment** for F2F and Medical Necessity Orders if lost...
- **Supporting Care for Patients in Long-Term Care Acute Hospitals)** to exclude patient stays affecting 25-day ALOS
- **Home Health Agencies (HHAs):** Relief regarding OASIS timeframes and for MACs to extend the auto-cancellation date of RAPs
- **Provider Locations:** Temporary waiver of the requirement that out-of-state providers be licensed in the state where they provide services when they are licensed in another state.

# Regulatory Changes to Address COVID-19 Patient Surge

## Released 3/30, the changes include:

- Increase hospital capacity – CMS hospitals without walls
  - Allow local ASCs that have canceled elective surgeries, per federal recommendations to contract with local healthcare systems to provide hospital services, or enroll and bill as hospitals during the emergency declaration if consistent with their State’s Emergency Preparedness or Pandemic Plan
  - Temporarily permit non-hospital buildings and spaces to be used for patient care and quarantine sites
- Rapidly expand the healthcare workforce
  - Local private practice clinicians and their trained staff may be available for temporary employment
  - Issuance of waivers so that practitioners, such as physician assistants and nurse practitioners, can perform services that may have previously required a physician’s order
  - Allow healthcare providers to enroll in Medicare temporarily
- Put patients over paperwork
  - Remove requirement for written policies on processes and visitation of COVID-19 isolated patients
  - Provide temporary relief from many audit and reporting requirements
- Further promote telehealth in medicine
  - expand reimbursement for telehealth services to Medicare beneficiaries
  - temporary changes will ensure that patients have access while remaining safely at home

# Medicare Coverage and Payment of Virtual Services During Coronavirus



**These expanded benefits, released 3/30 and effective retroactively from March 1, 2020, are explained below:**

- Expansion on a temporary and emergency basis
- Benefits fall under the 1135 Waiver Authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act.
- Building on prior action to expand reimbursement for telehealth services to people with Medicare interim final rule with comment period (IFC) CMS-1744 IFC, dated March 30, 2020
- Care can be received where beneficiaries are, including at home or nursing or assisted living facility. If they have COVID-19, they can remain in isolation and receive care without risking exposure.

# Standard Allowed Telehealth Services

## Sample Codes

LIST OF MEDICARE TELEHEALTH SERVICES	
CY 2020	
Code	Short Descriptor
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+

90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+
90967	Esrd home pt serv p day <2
90968	Esrd home pt serv p day 2-11
90969	Esrd home pt serv p day 12-19
90970	Esrd home pt serv p day 20+
96116	Neurobehavioral status exam
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est

99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99354	Prolonged service office
99355	Prolonged service office
99356	Prolonged service inpatient
99357	Prolonged service inpatient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
99498	Advncd care plan addl 30 min
G0108	Diab manage trn per indiv
G0109	Diab manage trn ind/group
G0270	Mnt subs tx for change dx
G0296	Visit to determ ldct elig
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min

ACP Quality Measure available by telehealth

# COVID-19 Additional Telehealth Services

## Sample Codes

<b>77427</b>	<b>Radiation tx management X5</b>	<b>97116</b>	<b>Gait training therapy</b>	<b>97750</b>	<b>Physical Performance Test</b>
<b>90853</b>	Group psychotherapy	<b>97161</b>	PT Eval low complex 20 min	<b>97755</b>	Assistive Technology Assess
<b>90953</b>	Esrd serv 1 visit p mo <2yr	<b>97162</b>	PT Eval mod complex 30 min	<b>97760</b>	Orthotic mgmt&traing 1st en
<b>90959</b>	Esrd serv 1 vst p mo 12-19	<b>97163</b>	PT Eval high complex 45 min	<b>97761</b>	Prosthetic traing 1st enc
<b>90962</b>	Esrd serv 1 visit p mo 20+	<b>97164</b>	PT re-eval est plan care	<b>99217</b>	Observation care discharge
<b>92507</b>	Speech/hearing therapy	<b>97165</b>	OT eval low complex 30 min	<b>99218</b>	Initial observation care
<b>92521</b>	Evaluation of speech fluenc	<b>97166</b>	OT eval mod complen 45 min	<b>99219</b>	Initial observation care
<b>92522</b>	Evaluation speech production	<b>97167</b>	OT eval high complex 60 min	<b>99220</b>	Initial observation care
<b>92523</b>	Speech sound lang comprehen	<b>97168</b>	OT re-eval est plan care	<b>99221</b>	Initial hospital care
<b>92524</b>	Behavral qualit analys voic	<b>97535</b>	Self care mngment training	<b>99222</b>	Initial hospital care
		<b>97110</b>	Therapeutic exercises		

- *Physical Therapy codes have been added for COVID-19 emergency telehealth services*
- *Telehealth services cannot be performed and billed by a PT or OT*

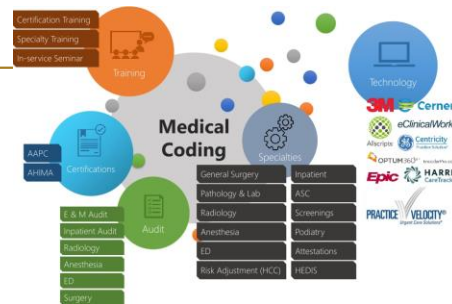


# Clinical Coding for COVID-19

## The Perfection of Coding Confusion

ICD-10-CM Official Coding Guidelines 2/20/2020

ICD-10-CM Code	MS-DRG
B97.29 Other coronavirus as the cause of diseases classified elsewhere	865/866 Viral Illness
J12.89 Other viral pneumonia	193/194/195 Simple pneumonia and pleurisy
J20.8 Acute bronchitis	202/203 Bronchitis and Asthma
J40 Bronchitis, not specified	202/203 Bronchitis and Asthma
J22 Acute unspecified lower respiratory infection	205/206 Other respiratory system diagnoses
J80 Acute respiratory distress syndrome	204 Respiratory signs and symptoms
J98.8 Other specified respiratory disorders	205/206 Other respiratory system diagnoses
Z03.818 Encounter for observation of suspected exposure	N/A
Z20.828 Contact with and (suspected) exposure to communicable diseases	N/A
B34.2 Coronavirus, unspecified	865/866 Viral Illness



2020 ICD-10-CM Diagnosis Code U07.1 (COVID-19)

- Short description: 2019-nCoV Acute Respiratory Disease
- ICD-10-CM U07.1 is a [new 2020 ICD-10-CM code](#)

### Type 1 Excludes

- Coronavirus infection, unspecified ([B34.2](#))
- Coronavirus as the cause of diseases classified elsewhere ([B97.29](#))
- Pneumonia due to SARS-associated coronavirus ([J12.81](#))

### ICD-10-CM U07.1 is grouped within Diagnostic Related Group(s) (MS-DRG v37.0):

- [177](#) Respiratory infections and inflammations with mcc
- [178](#) Respiratory infections and inflammations with cc
- [179](#) Respiratory infections and inflammations without cc/mcc
- [791](#) Prematurity with major problems
- [793](#) Full term neonate with major problems
- [974](#) Hiv with major related condition with mcc
- [975](#) Hiv with major related condition with cc
- [976](#) Hiv with major related condition without cc/mcc

# CMS Dear Clinician Letter



04/07/2020

## Dear Clinician:

- Accelerated and Advanced Payments
- Testing and Claims Reporting for COVID-19
- Medicare Telehealth Visits
- Virtual Check-ins
- E-Visits
- Expanded Options for Telehealth Services
- Workforce Flexibilities
- CMS Quality Payment Program
- Emergency Waivers
- Caring For Your Patients

# Non-Emergent, Elective Medical Services, and Treatment Recommendations

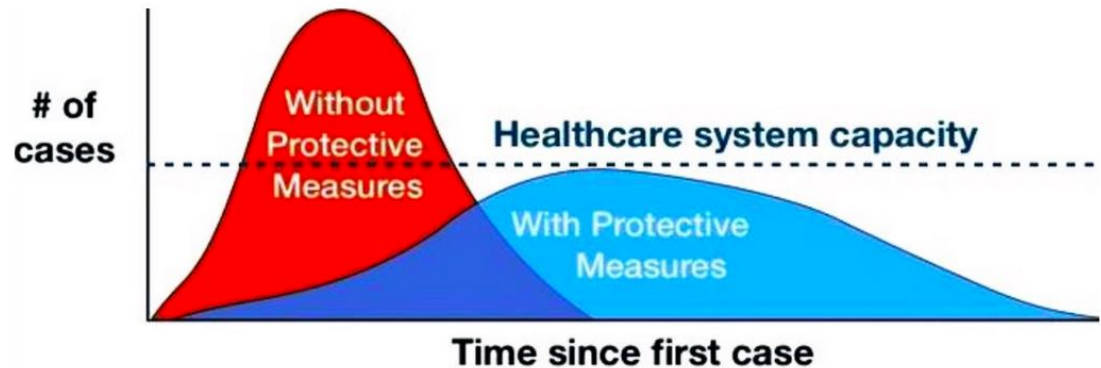
**On April 7<sup>th</sup>, CMS provided guidelines with the intent to conserve critical healthcare resources in light of the COVID-19 pandemic:**

- **Prioritization of services through a tiered framework**
  - Local healthcare systems are the decision-makers
  - Subject-matter experts will help to refine over the course of the pandemic
  
- **Factors for consideration**
  - Current and projected COVID-19 cases in community
  - Telehealth and remote services
  - PPEs
  - Staffing
  - Ambulatory and medical office capacity
  - Testing
  - Health and age of individual patients and risk for severe disease
  - Urgency of treatment

# Recommendations for Re-opening Facilities to Provide Non-emergent, Non-COVID-19 Healthcare: Phase 1

On April 20<sup>th</sup>, CMS released guidance on opening up America again to provide non-COVID-19 treatment:

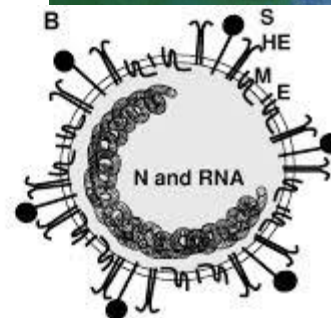
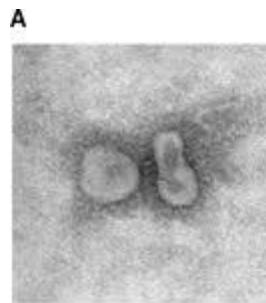
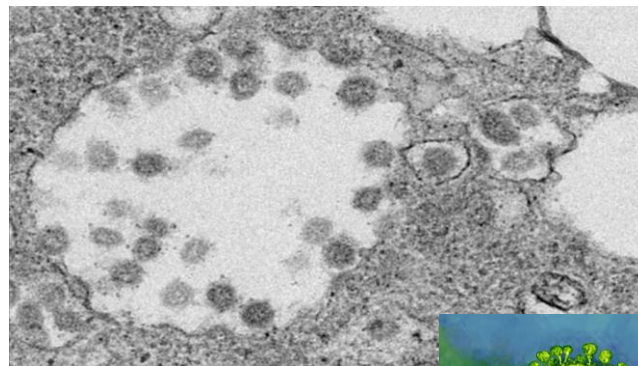
- General Considerations
- Personal Protective Equipment (PPEs)
- Workforce Availability
- Facility Considerations
- Sanitation Protocols
- Supplies
- Testing Capacity



*Adapted from CDC / The Economist*

# Additional Thoughts

- State Generated Confusion
  - Reopening of business services
  - Resumption of elective procedures
  - Variances between states
- Misinformation
  - Fulfillment of testing needs
  - Appropriate procedures and protocols
  - Variances between states
  - Confusion on guidance from government agencies
- Additional COVID-19 symptoms
  - Skin rashes/lesions
  - Kidney failure
  - Blood clotting
- Zoonotic Effect
- Return information from EIs



# Questions?

