‖NCDS update

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication…

CARES ACT – PROVIDER RELIEF FUND

MACKENZIE BEAN – BECKERSHOSPITALREVIEW.COM

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. On March 27, 2020, the President signed the bipartisan CARES Act that provides $100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19.4. The CDC confirmed 15 additional pediatric flu deaths, bringing the total to 54 for the 2019-20 season.

5. The flu's geographic spread remained the same for the week ending Jan. 18, with 48 states reporting widespread flu activity.

6. The overall flu-associated hospitalization rate was 24.1 per 100,000 people, up from 19.9 per 100,000 people a week prior. The CDC has recorded 7,013 flu-associated hospitalizations since Oct. 1, 2019.

Recognizing the importance of delivering funds in a fast and transparent manner, $30 billion is being distributed immediately – with payments arriving via direct deposit beginning April 10, 2020 – to eligible providers throughout the American healthcare system. **These are payments, not loans, to healthcare providers, and will not need to be repaid.**

What you need to know:

- All providers that received Medicare reimbursements in 2019 are eligible
- As a condition to receive these funds providers must agree to not seek collection of out-of-pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider
- Patient care does not have to be specific to COVID-19 to receive funds

HTTPS://WWW.HHS.GOV/PROVIDER-RELIEF/INDEX.HTML

What you need to do:

- Within 30 days of receiving the payment providers MUST sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment
- NCDS CANNOT COMPLETE THIS ON YOUR BEHALF!
- To complete this attestation please visit the following link which is now live with the Department of HHS:
- **HTTPS://COVID19.LINKHEALTH.COM/#/STEP/1**

HOW TELEMEDICINE IS WORKING FOR 3 PRIVATE PRACTICE PHYSICIANS

ANDIS ROBEZNIEKS – AMA-ASSN.ORG

The COVID-19 global pandemic that upended American life and forced the cancellation or postponement of much nonurgent face-to-face care has pushed widespread adoption of telemedicine, thanks to regulatory flexibility from Medicare & Medicaid Services.

Three private practice physicians who had successfully integrated telemedicine into their practice prior to the pandemic told the AMA they have found it useful, practical and convenient—though they do have one caveat: Telehealth and driving do not mix. Stationary vehicles, however, are a frequent and convenient location for telemedicine visits for patients who have 15 minutes to spend communicating with their physician during their workday—but don't have the hour or so it might take to drive to the doctor's office and back, said Dr. Francavilla Brown, a Colorado alternate delegate to the AMA House of Delegates.

"I have a patient who's a teacher and I needed to have a conversation with her, and she was able to schedule the appointment over her lunch" break, said James Boyd, MD, an internist and Dr. Francavilla Brown's partner at Green Mountain Partners for Health, a private practice in the Denver suburbs. "She didn't have to leave school. She didn't have to take time off. She didn't have to rush over at the end of the day."

Televisits also relieve the burden of finding a babysitter and result in a more successful visit, Dr. Boyd said. "I have a patient who sometimes comes to the office with her two children and it can be difficult to focus on her issues." He noted, "we can have a much better conversation about her health condition by using telemedicine than we could when she's in the office."

For each new digital health solution that emerges, doctors want to know: Does it work? Will I receive proper payment? Will I be liable and what are the risks? Will it work in my practice or workflow?

Drs. Francavilla Brown and Boyd told the AMA that telemedicine works and that it fits easily into their practice workflow. "It's easier than people think it is to incorporate into a practice," Dr. Francavilla Brown said. Dr. Boyd said he's had frequent discussions about telemedicine visits with a physician friend who incredulously asked: "You really get paid for these?" Dr. Boyd adds, "I think he didn't believe me so we set up a time for him and his office manager to come by and we walked them through it."

"My experience with telemedicine is that it does work," Dr. Boyd said. "But I think how it works is going to be a little bit dependent on where and how you practice." He says he is "amazed at how many offices aren't using telemedicine," likening the reluctance to embrace telemedicine to health care's hesitation in letting go of pagers and fax machines.

https://www.ama-assn.org/practice-management/digital/how-telemedicine-working-3-private-practice-physicians?&utm_source=BulletinHealthCare&utm_medium=email&utm_term=041420&utm_content=NON-MEMBER&utm_campaign=article_alert-morning_rounds_daily&utm_uid=&utm_effort=

UnitedHealth Posts $3.4B Profit; Optum CEO to Take Leave of Absence

MORGAN HAEFNER – BeckersHospitalReview.com

UnitedHealth Group ended the first quarter of 2020 with a $3.4 billion profit, according to financial results released April 15.

UnitedHealth said its first-quarter results "reflect minimal impact from the progression of the COVID-19 virus across the U.S." as coverage expansions and funding initiatives largely took place at the back end of the quarter. UnitedHealth committed to accelerating payments to providers and funding other initiatives during the COVID-19 pandemic.

In the first quarter of this year, UnitedHealth saw overall revenue grow 6.8 percent year over year to $64.4 billion, which the company said reflected growth in its Optum and UnitedHealthcare businesses.

Optum continued its double-digit growth in revenue, posting $32.8 billion in revenue for the first quarter of 2020, up 24.6 percent year over year. The segment, which includes a physician business and other health services, saw $2.1 billion in earnings from operations in the first quarter of 2020, up 12.2 percent year over year.

UnitedHealthcare, the health insurance arm of the company, saw first-quarter revenues grow by 4.4 percent to $51.1 billion, primarily driven by growth in Medicare Advantage and dual special needs plans. The unit posted $2.9 billion in earnings from operations for the first quarter, similar to a year prior.

Separately, UnitedHealth announced that UnitedHealth President and Optum CEO Sir Andrew Witty will be taking a leave of absence to help lead the World Health Organization's COVID-19 vaccine initiative. He is slated to return to his positions after the assignment.

HTTPS://WWW.BECKERSHOSPITALREVIEW.COM/PAYER-ISSUES/UNTIEDHEALTH-POSTS-3-4B-PROFIT-OPTUM-CEO-TO-TAKE-LEAVE-OF-ABSENCE.HTML?ORIGIN=BHRE&UTM_SOURCE=BHRE&UTM_MEDIUM=EMAIL&OLY_ENC_ID=5467D9009534E0Z

NCDS **Client Advisory**

As more and more updates regarding COVID-19 become available NCDS is communicating this information in a daily advisory (where applicable) to our clients. We know there is an overwhelming amount of news and information available right now and we want to make sure we communicate any and all information that is critical or necessary for your practice, patients and reimbursement. Please make sure you check your email regularly to stay current and up to date on all of the changes affecting providers and specialties during this global pandemic.

Please see past advisories for important information regarding widespread expandsion of telemedicine services, updates to medicare and Medicaid regulations as well as useful tools for commercial payer updates.

A shared resource extending across all payer lines (where available) and updated frequently is AHIP HTTPS://WWW.AHIP.ORG/HEALTH-INSURANCE-PROVIDERS-RESPOND-TO-CORONAVIRUS-COVID-19/

Here providers can use an index by payer for updates by a particular insurance company as well as current information on testing and treatment as well as policies related to COVID-19 and more.

SBA Small Business Funding Grinds to a Hault as Paycheck Protection Program Loans Run Out. What's Next?

ANNE SRADERS – Fortune.com

That was fast.

Needy small businesses have struggled to receive lifeline funding to keep employees on the payroll over the past two weeks, and now the money has run out. That leaves those like James Fayal, the founder of Baltimore-based caffeinated tea company Zest Tea, in a worrisome spot.

Payroll Protection Program $$$ for Small Businesses

Fayal applied through Bank of America for the Paycheck Protection Program loan when applications first went out, seeking a $125,000 loan for his 8 employees. But it was actually on Wednesday that Fayal felt the first wave of disappointment about the status of his loan: "By [Wednesday], I sort of accepted that [funds for the PPP loans are] going to run out probably before I get any communication, so yesterday was probably the day of the most disappointment." He says he still hasn't received an update on his loan's approval status from Bank of America, and now that funds for the PPP loans have run out, "All I can do now is hope that there are gears turning behind the scenes and they've already submitted but I haven't found out yet." A Bank of America spokesperson told *Fortune* the bank is continuing to accept and process applications "in the expectation that there will be additional funding available." (The bank told *Fortune* it has received about 370,000 applications seeking $50 billion). Emergency loans from the Small Business Administration, under the Paycheck Protection Program, have been an exasperating ordeal for the SBA, lenders, and small businesses since applications were opened on April 3—But on Thursday, the administration announced loans had maxed out the $349 billion allotted for the program.

HTTPS://FORTUNE.COM/2020/04/16/PPP-LOANS-SBA-PAYCHECK-PROTECTION-PROGRAM-MONEY-FUNDING-SMALL-BUSINESS-WILL-IT-BE-EXTENDED-CONGRESS/

MEDICARE TELEMEDICINE FACT SHEET

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

HTTPS://WWW.CMS.GOV/NEWSROOM/FACT-SHEETS/MEDICARE-TELEMEDICINE-HEALTH-CARE-PROVIDER-FACT-SHEET

MEDICAL MUTUAL TELEMEDICINE

Telehealth (telemedicine) visits are covered just like other medically necessary office visits. They are for patients needing routine care for chronic or general health conditions, including behavioral health. Visits are primarily scheduled between patients and healthcare providers who already have an established relationship. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits, in addition to web or app, will be covered at this time.

Also during this time, Medical Mutual will allow occupational and physical therapy, as well as speech pathology and applied behavioral analysis (ABA), visits to be conducted via telehealth (telemedicine) when an audio and visual encounter are included. **Telephonic-only visits will NOT be covered. Chiropractic services are NOT included.** Services performed by home health agencies are NOT included.

HTTPS://WWW.MEDMUTUAL.COM/CAMPAIGN-PAGES/CORONAVIRUS.ASPX

WHAT PROVIDERS NEED TO KNOW ABOUT COVID-19 CODING AND BILLING

JACQUELINE LAPOINTE - REVCYCLEINTELLIGENCE.COM

The healthcare industry is quickly adapting to world in which COVID-19 exists and that includes creating new codes for the novel coronavirus. Using these codes and new documentation guidelines that come with them will be critical to tackling COVID-19 and the challenges associated with it.

The primary sets of codes used by providers have all recently created new codes to capture COVID-19 testing and care. Spurred by the urgent need to capture COVID-19 diagnoses on claims and surveillance data, the CDC announced in March that is has added the new International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) emergency code created by the World Health Organization earlier this year. The code to document the diagnosis of COVID-19 is **U07.1**, 2019-nCoV acute respiratory disease.

CDC originally planned to implement U07.1 on Oct. 1, 2020, but moved the implementation date to April 1, 2020, in light of the rapid spread of the virus.

According to official guidance from the CDC, providers should only use U07.1 to document a confirmed diagnosis of COVID-19 as documented by the provider, per documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. This also applies to asymptomatic patients who test positive for coronavirus.

CDC notes that this is an exception to the hospital inpatient guideline. In this case, "confirmation" does not require documentation of the type of test performed, rather provider documentation is sufficient.

The new ICD-10-CM code is a principal or first-listed diagnosis code, so providers should sequence it first then use appropriate codes for associated manifestations, except in obstetric patients.

For the complete article please visit the link:
https://revcycleintelligence.com/news/what-providers-need-to-know-about-covid-19-coding-and-billing

TRUMP ADMINISTRATION RELEASES COVID-19 CHECKLISTS AND TOOLS TO ACCELERATE RELIEF FOR STATE MEDICAID & CHIP PROGRAMS

CMS.GOV

March 22, 2020 – Today, the Trump Administration released new tools to strip away regulatory red tape and unleash new resources to support state Medicaid and Children's Health Insurance Programs (CHIP) during the 2019 Novel Coronavirus (COVID-19) outbreak. Because of the President's bold action in declaring COVID-19 a national emergency CMS now has a full suite of tools available to maximize responsiveness to state needs. The agency has created four checklists that together will make up a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program.

"The Trump Administration is marshalling all its support behind states battling the Coronavirus," said Seema Verma. "CMS is making it easier and faster for state Medicaid agencies to get the regulatory relief and additional support they need to respond as rapidly and effectively as possible to protect their most vulnerable residents from this disease."

The four tools CMS is announcing today will permit states to access emergency administrative relief, make temporary modifications to Medicaid eligibility and benefit requirements, relax rules to ensure that individuals with disabilities and the elderly can be effectively served in their homes, and modify payment rules to support healthcare providers impacted by the outbreak. President Trump has also called on states to allow Medicaid beneficiaries to receive services through telehealth. While this doesn't require federal approval in many cases, these tools can also help states quickly remove state-specific restrictions on telehealth.

All of the options that CMS is providing to states are aimed at helping states by reducing burdensome red tape and making it possible for states to provide the best care to their residents during this outbreak. We are providing states the option to request these waivers and other authorities be made effective retroactively, to at least March 1, 2020, the effective date of the national emergency declared by the President. These options include:

1115 Waiver Opportunity and Application Checklist
1135 Waiver Checklist
1915(c) Appendix K Template
Medicaid Disaster State Plan Amendment Template

The tools released further CMS' commitment to providing our state partners the resources they need at this time. These tools and earlier CMS actions in response to the COVID-19 emergency are all part of ongoing White House Coronavirus Task Force efforts.

FOR THE COMPLETE ARTICLE AND MORE DETAILS PLEASE VISIT HTTPS://WWW.CMS.GOV/NEWSROOM/PRESS-RELEASES/TRUMP-ADMINISTRATION-RELEASES-COVID-19-CHECKLISTS-AND-TOOLS-ACCELERATE-RELIEF-STATE-MEDICAID-CHIP

Other useful CMS and Coronavirus resources include:
HTTPS://WWW.CMS.GOV/ABOUT-CMS/AGENCY-INFORMATION/EMERGENCY/EPRO/CURRENT-EMERGENCIES/CURRENT-EMERGENCIES-PAGE

Maximize Your Revenue

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NCDS
Medical Billing

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