

COVID-19 BILLING GUIDELINES

COVID-19 BILLING RECOMMENDATIONS:

INSURED PATIENTS:

Hold all government or commercially insured patient claims related to covid-19 testing or treatment until at least April 1st

Key Considerations:

- Billing the new testing HCPCS codes prior to April 1 will most likely result in a denial that may be resubmitted but will lead to unnecessary, additional work for your staff and delay payments
- Reach out to commercial payers to gauge readiness for acceptance of new codes and identify any new billing edits or considerations for covid-19 services

SELF-PAY (UNINSURED PATIENTS):

Hold separately all patient billing related to covid-19 testing or treatment until federal payment mechanism is fully disclosed.

Key Considerations:

- Flag accounts for easy identification and reporting for future billing through a formal federal relief process (through National Disaster Medical System).
- The hope is that as with other natural disasters / crises a billing mechanism will be setup to allow for federal reimbursement.
- Create contingency plan for potential failure of federal reimbursement plan to materialize, exploring any new charity care rules or financial assistance options.

DIAGNOSIS CODING

Encounters directly related to COVID-19 Coronavirus outbreak should be reported with the following ICD-10-CM codes:

- Pneumonia: J12.89 & B97.29
- Acute bronchitis: J20.8 & B97.29
- Bronchitis (NOS) : J40 & B97.29
- Lower respiratory infection NOS or acute respiratory infection NOS: J22 & B97.29
- Respiratory infection NOS: J98.8 & B97.29
- Acute respiratory distress syndrome (ARDS): J80 & B97.29

Exposure to COVID-19

- Possible exposure to COVID-19 ruled out after evaluation: Z03.818
- Actual exposure to someone who is confirmed to have COVID-19: Z20.828

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."

HOW TO MANAGE IDENTIFICATION AND HOLDING OF COVID-19 RELATED CLAIMS:

1. Attach "FYI Flag" to all patients at time of registration or during the clinical visit for all services related to covid-19 testing or treatment
2. Assign all covid-19 related diagnoses with the covid-19 "Billing Indicator". *See Diagnosis Coding Section.*
3. Place insurance claim or self-pay statement hold based on covid-19 Billing Indicator, FYI Flag, and/or associated covid-19 diagnosis to mitigate any accounts being billed in error
4. Segment insured vs. self-pay (uninsured) accounts into separate workqueues to facilitate a more efficient management and release of the claims and statements

FOR MORE INFORMATION ON
EPIC TECHNICAL PROCESS
FLOWS

APPENDIX: EPIC TECHNICAL PROCESS FLOW DETAILS

HOW TO IDENTIFY AND FLAG COVID-19 EPIC PATIENTS

PATIENT FYI FLAG

Registration or Clinical Staff identify the patient is being seen due to COVID-19 related symptoms and manually add a Patient FYI Flag within the registration or clinical workflows. This allows the patient and the subsequent encounters to be identified throughout the system for tracking purposes.

Patient FYI Flags are meant to drive registration and clinical workflows based on the flags placed by staff members but are not typically used for back-end revenue cycle configuration.

ASSOCIATED DIAGNOSIS

Diagnosis are manually placed on a patient encounter by a medical provider or coder when the identification of the nature of an illness or other problems identified by examination of the symptoms are related to COVID-19.

BILLING INDICATOR

Back-end flag at the Hospital Account (HAR) level to identify a single encounter or hospital stay is related to COVID-19. This can be automatically placed on a HAR based on criteria or manually added by back-end staff members. This allows for back-end tracking and HAR identification within the claim and statement processes.

Billing indicators can ONLY be leveraged for PB HARs within a Single Billing Office Epic environment.

- Leverage system action to identify HARs based Patient FYI Flag and FYI Effective Date or Discharge Date to reduce false positives

OR

- Leverage system action to identify HARs based on associated COVID-19 diagnosis **Recommended option to limit HAR selection to the appropriate COVID-19 encounters*

INSURANCE CLAIM HOLD

HOSPITAL BILLING DNB EDIT

Utilize HB DNB Edit to identify claims based on having either the HAR Billing Indicator or COVID-19 related diagnosis to hold the claims within an account workqueue for tracking or until they can be released.

- Hospital Account >> Billing Indicator = COVID-19

OR

- Hospital Account >> Associated Diagnosis >> Diagnosis = COVID-19

PROFESSIONAL BILLING CLAIM EDIT

Leverage PB claim edit rule to identify claims based on having either the HAR Billing Indicator or COVID-19 related diagnosis to hold the claims within a claim edit workqueue for tracking or until they can be released.

- Invoice >> Hospital Account >> Billing Indicator = COVID-19

OR

- Invoice >> Associated Diagnosis >> Diagnosis = COVID-19

SELF-PAY STATEMENT HOLD

Self-pay statement processes vary by Health System and all outgoing patient correspondence needs to be evaluated for potential impact from COVID-19.

Single Billing Office

Leverage statement exclusion logic within the enterprise billing profile to implement a statement hold for identified HARs (PB & HB) based on the COVID-19 identifiers implemented.

- Hospital Account >> Billing Indicator = COVID-19

OR

- Hospital Account >> Associated Diagnosis >> Diagnosis = COVID-19

