

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.

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

1. Create an encounter level flag by leveraging the “Encounter Level VIP” field and relabeling or create a custom field to flag patient encounters at the time of registration for all services related to COVID-19 testing or treatment
2. If you are leveraging the “Encounter Level VIP” field, you can then ensure the VIP billing hold is built to hold encounters that meet the “VIP” criteria or create a custom COVID-19 billing hold
3. If the “Encounter Level VIP” field is leveraged to identify patients being seen for COVID-19 testing or treatment, a patient statement hold can be placed
4. To ensure encounters are being tracked, create a Patient Accounting work item to house COVID-19 encounters

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.”

FOR MORE INFORMATION ON
CERNER TECHNICAL PROCESS
FLOWS

APPENDIX: CERNER TECHNICAL PROCESS FLOW DETAILS

HOW TO IDENTIFY AND FLAG COVID-19 PATIENTS

ENCOUNTER LEVEL FLAG

Clinic staff identify the patient is being seen due to COVID-19 related symptoms and update the custom or Encounter Level VIP field within the nursing registration conversation allowing the encounter to be identified throughout the system for tracking purposes. Please note it would be beneficial to include this field within the Register Patient, Modify Encounter, and Nursing conversations to allow updates by various staff and throughout the patient flow.

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 HOLD

Encounter level hold that will stop the claim from being sent to payer and will require either automated or manual resolution of the billing hold before the claim can be sent. Please note that if the account has additional billing holds associated, all holds will need to be resolved prior to the claim being sent.

- VIP Billing Hold – If the “Encounter Level VIP” field is being leveraged this billing hold will be assigned

OR

- Manual COVID-19 Hold – This is not a Cerner standard billing hold and will need to manually be applied in order to hold the claims

PATIENT ACCOUNTING WORK ITEM

To ensure all COVID-19 patients are being tracked, a work item can be created based on the CDM, HCPCS, or Dx Charge tokens in order to populate a work queue. Please note that the CDM, HCPCS, and Dx Charge tokens custom tokens and will need to be configured prior to building the work item and the detailed build steps can be found on the Cerner Reference pages. The work item will need to be manually resolved with the appropriate resolution code or by leveraging the associated action code depending on the setup.

STATEMENT HOLD

If you decide to leverage the “Encounter Level VIP” field, this can then be used to create a patient statement hold. This statement hold can be resolved by leveraging the associated action code.