

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. Flag 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 indicator. *See Diagnosis Coding Section.*
3. Place insurance claim or self-pay statement hold based on covid-19 flags and/or associated covid-19 diagnosis to mitigate any accounts being billed in error
4. Segment insured vs. self-pay (uninsured) accounts into separate holds to facilitate a more efficient management and release of the claims and statements

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 general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."