



# Billing Practices & COVID-19

## Onpoint User Group Sessions

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# Raising Questions & Requesting Materials

- **During the meeting**
  - Please send all general-interest questions via Zoom’s comments panel
  - Get ready: There will be pop quizzes during the session!
- **After the meeting**
  - Send client-specific and/or follow-up questions and requests for session materials to [events@onpointhealthdata.org](mailto:events@onpointhealthdata.org)
  - Visit our “Resources” page for future event listings at [www.onpointhealthdata.org/resources](http://www.onpointhealthdata.org/resources)

# Session Agenda

- Billing forms
  - UB-04
  - CMS-1500
- Payer relationships
- Admission date vs. first date of service
- Balance/surprise billing
- Non-Physician providers
- Multiple E&M codes in a visit
- COVID-19

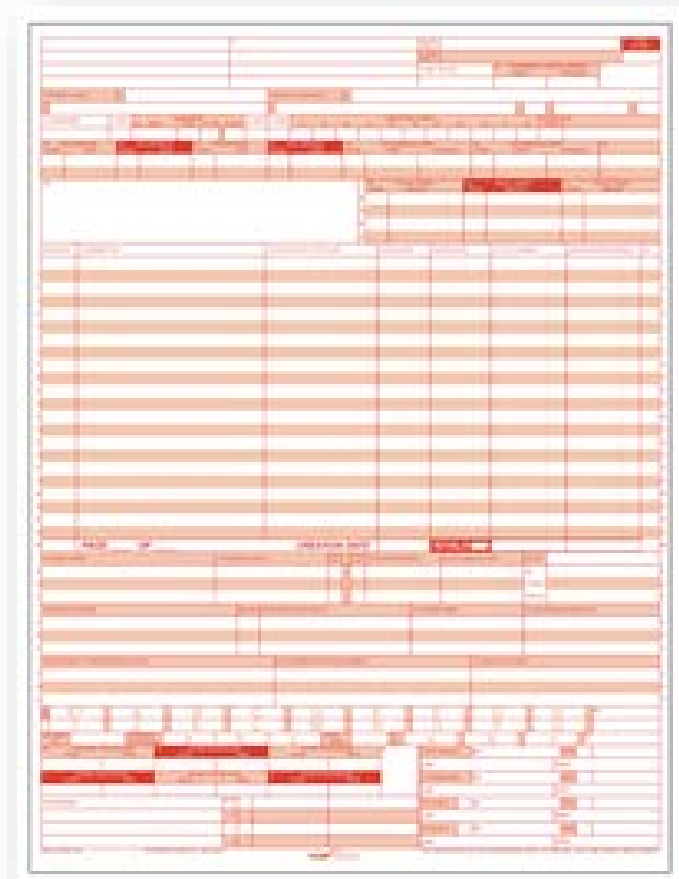
## Billing Practices

- **Billing forms**
- Payer relationships
- Admission date vs. first date of service
- Balance/surprise billing
- Non-Physician providers
- Multiple E&M codes in a visit
- COVID-19

# UB-04

## Other Names

- 837I
- Facility claim
- Hospital claim
- CMS-1450
- Institutional claim



# UB-04

## Who Uses It?

- Inpatient
  - Hospitals
  - Skilled nursing facilities (SNFs)
  - Nursing homes (ICFs)
  - Swing beds
  - Residential facilities



# UB-04

## Who Uses It?

- Outpatient
  - Hospitals
  - Skilled nursing facilities (SNFs)
  - Home health
  - Hospice
  - Federally qualified health centers (FQHCs)
  - Critical access hospitals (CAHs)
  - Rural health clinics (RHCs)



# UB-04

The diagram illustrates the structure of the UB-04 form, which is a standard medical billing form. It is divided into three main sections:

- Header:** This section includes fields for patient information (1-10), insurance details (11-13), and service dates (14-16). It also contains a table for occurrence dates (17-20) and a table for charges (21-23).
- Service Lines:** This is the largest section of the form, consisting of a grid (44-48) where each row represents a service line. Each row contains fields for revision code, description, HCPCS code, service date, units, total charges, and non-covered charges.
- Header:** This section includes fields for patient name (49-50), health plan (51-52), and insurance group (53-54). It also contains fields for treatment authorization (55-56) and a table for procedure codes (57-60).

Header

Service Lines

Header



# UB-04

## Reporting of Procedure Codes

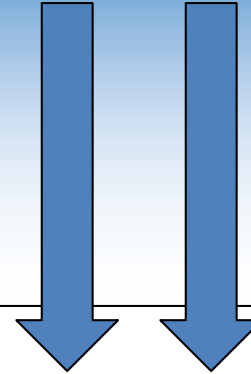
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-RECOVERED CHARGES	49
0120	ROOM-BOARD/SEMI	375.00		4	1500 00		
0301	CHEMISTRY TESTS	80048	12/15/2019	1	250 00		

Inpatient example

Outpatient example

# UB-04

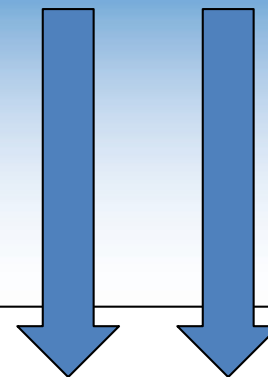
## Reporting of Procedure Codes



<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	ROOM-BOARD/SEMI	Days	N
1	Medical/Surgical/GYN	MED-SURG-GY/SEMI	Days	N
2	Obstetrics (OB)	OB/SEMI-PVT	Days	N
3	Pediatric	PEDS/SEMI-PVT	Days	N
4	Psychiatric	PSYCH/SEMI-PVT	Days	N
5	Hospice	HOSPICE/SEMI-PVT	Days	N
6	Detoxification	DETOX/SEMI-PVT	Days	N
7	Oncology	ONCOLOGY/SEMI	Days	N
8	Rehabilitation	REHAB/SEMI-PVT	Days	N
9	Other	OTHER/SEMI-PVT	Days	N

# UB-04

## Reporting of Procedure Codes



<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	LAB		
1	Chemistry	CHEMISTRY TESTS	Tests	Y
2	Immunology	IMMUNOLOGY TESTS	Tests	Y
3	Renal Patient (Home)	RENAL - HOME	Tests	Y
4	Non-Routine Dialysis	NON-RTNE DIALYSIS	Tests	Y
5	Hematology	HEMATOLOGY TESTS	Tests	Y
6	Bacteriology & Microbiology	BACT & MICRO TESTS	Tests	Y
7	Urology	UROLOGY TESTS	Tests	Y
8	RESERVED			
9	Other Laboratory	OTHER LAB TESTS	Tests	Y

# CMS-1500

## Other Names

- CMS-1500
- HCFA-1500
- 837P
- Professional claim

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 05/12

1. MEDICARE  MEDIGAP  TRICARE  CHAMPVA  OTHER  (Check one)  
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S ADDRESS (No. Street)  
CITY STATE ZIP CODE

4. INURED'S I.D. NUMBER (For Program in Item 1)  
5. PATIENT'S BIRTHDATE (MM DD YY) SEX (M F)

6. PATIENT RELATIONSHIP TO INURED  
7. INURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. OTHER INURED'S NAME (Last Name, First Name, Middle Initial)  
9. OTHER INURED'S POLICY OR GROUP NUMBER

10. IS PATIENT'S CONDITION RELATED TO EMPLOYMENT (Current or Past)  YES  NO  
11. INURED'S POLICY GROUP OR PIDA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorizes the release of any medical or other information necessary to process the claim. Also requires physician or government reports when in hospital or in the party who actively assignment)  
13. INURED'S OR AUTHORIZED PERSON'S SIGNATURE (Authorizes payment of medical benefits to the undersigned physician or supplier for services described herein)

14. DATE OF CURRENT ILLNESS, PLURY, OR PREGNANCY (MM DD YY) QUAL. DATE (MM DD YY)  
15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM (MM DD YY) TO (MM DD YY)

16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (Last Name, First Name)  
17. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)  
19. OUTSIDE LAB? (YES NO) CHARGES (\$)

20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please A.L. to service the below ICD-9-CM)  
21. PRIOR AUTHORIZATION NUMBER

22. A. DATES OF SERVICE (MM DD YY - MM DD YY) B. PROCESSED SERVICES OR SUPPLIES (Check one)  
23. FEDERAL TAX I.D. NUMBER (SEE EN) 24. PATIENT'S ACCOUNT NO. 25. ACCEPT ASSIGNMENT? (YES NO) 26. TOTAL CHARGE 27. AMOUNT PAID 28. PAID FOR NUCC USE

29. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE OR CREDENTIALS IF APPLICABLE) 30. SERVICE FACILITY LOCATION INFORMATION 31. BILLING PROVIDER INFO (P.O. Box)  
32. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degree or credentials if applicable. Put the assignments on the reverse side to this list and are made a part thereof.)

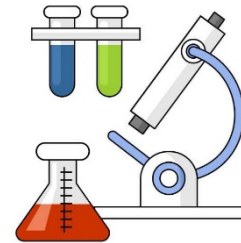
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

# CMS-1500

## Who Uses It?



Individual providers



Independent labs



Ambulance services



Durable medical equipment  
(DME)

# CMS-1500

Diagnosis



**HEALTH INSURANCE CLAIM FORM**  
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA INCLUDING OTHER 1a. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED Spouse Spouse Other Other 7. INSURED'S ADDRESS (No., Street)

CITY STATE ZIP CODE TELEPHONE (Include Area Code) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 9. OTHER INSURED'S POLICY OR GROUP NUMBER 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO 11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than to myself or to the party who accepts assignment herein. SIGNED DATE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described herein. SIGNED DATE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (AMP) QUAL. 15. OTHER DATE MM DD YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL. 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Insert ALL to service the claim) ICD-9-CM

22. PRIOR AUTHORIZATION NUMBER

23. A. DATES OF SERVICE From MM DD YY To MM DD YY	23. B. PLACE OF SERVICE (Specify Usual Circumstances) (e.g., Home, Office, Hospital, etc.)	23. C. PROCEDURES, SERVICES, OR SUPPLIES (Specify Usual Circumstances) (e.g., X-ray, Surgery, etc.)	23. D. DIAGNOSIS POINTER	23. E. CHARGES	23. F. ICD-9-CM PROC. CODE	23. G. ICD-9-CM DIAGN. CODE	23. H. REFERRING PROVIDER ID #
1							
2							
3							
4							
5							
6							

24. FEDERAL TAX ID NUMBER SSN EIN 25. PATIENT'S ACCOUNT NO. 26. ACCEPT ASSIGNMENT? YES NO 27. TOTAL CHARGE 28. AMOUNT PAID 29. Paid to NUCC Use

30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. SIGNED DATE 31. SERVICE FACILITY LOCATION INFORMATION 32. BILLING PROVIDER APO & PIN #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)



Header

Service Line

# CMS-1500

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.			
A. Z0000			B. Z418			C. Z23			D.		E.		23. PRIOR AUTHORIZATION NUMBER					
E.			F.			G.			H.		I.		J.					
I.			J.			K.			L.									
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER									
1	02	23	19	02	23	19	11	99386			A	200	00	1			NPI	9534633311
2	02	23	19	02	23	19	11	90703			B	100	00	1			NPI	9534633311
3	02	23	19	02	23	19	11	90471			B	75	00	1			NPI	9534633311
4	02	23	19	02	23	19	11	90710			C	100	00	1			NPI	9534633311
5	02	23	19	02	23	19	11	90472			C	75	00	1			NPI	9534633311
6																	NPI	

# CMS-1500

## Reporting Diagnosis – Scenario 1

Claim #	Date of Service	CPT Code	ICD Version Indicator	Charge Amount	Principal Diagnosis	Diagnosis Other (1)	Diagnosis Other (2)
123	20190223	99386	0	200.00	Z0000	Z418	Z23
123	20190223	90703	0	100.00	Z0000	Z418	Z23
123	20190223	90471	0	75.00	Z0000	Z418	Z23
123	20190223	90710	0	100.00	Z0000	Z418	Z23
123	20190223	90472	0	75.00	Z0000	Z418	Z23



# CMS-1500

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.															
A. Z0000			B. Z418			C. Z23			D.		E.		F.		G.		H.		I.		J.								
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER																
1	02	23	19	02	23	19	11					99386		A	200	00	1			NPI			9534633311						
2	02	23	19	02	23	19	11					90703		B	100	00	1			NPI			9534633311						
3	02	23	19	02	23	19	11					90471		B	75	00	1			NPI			9534633311						
4	02	23	19	02	23	19	11					90710		C	100	00	1			NPI			9534633311						
5	02	23	19	02	23	19	11					90472		C	75	00	1			NPI			9534633311						
6																				NPI									

# CMS-1500

## Reporting Diagnosis – Scenario 2

Claim #	Date of Service	CPT Code	ICD Version Indicator	Charge Amount	Principal Diagnosis	Diagnosis Other (1)	Diagnosis Other (2)
123	20190223	99386	0	200.00	Z0000	← Diagnosis Pointer A	
123	20190223	90703	0	100.00	Z418	← Diagnosis Pointer B	
123	20190223	90471	0	75.00	Z418		
123	20190223	90710	0	100.00	Z23	← Diagnosis Pointer C	
123	20190223	90472	0	75.00	Z23		

# UB-04

vs.

# CMS-1500

The UB-04 form is a detailed grid-based claim form. It includes sections for patient information, diagnosis codes (26), POA indicators, and charges. A blue arrow points to the 'TOTAL CHARGE' field at the top right. Another blue arrow points to the 'DIAGNOSIS CODES' section at the bottom.

**Type of Bill**

**Diagnosis Codes (26)**

**POA Indicators**

The CMS-1500 form is a more compact claim form. It includes sections for patient and insured information, dates of service, and charges. A blue arrow points to the 'PLACE OF SERVICE' field in the 'DATES OF SERVICE' section.

**Place of Service**

# UB-04

vs.

# CMS-1500

The UB-04 form is a detailed grid-based claim form. It includes sections for patient information, insurance details, charges, and provider information. A large blue arrow points to the central grid area, which is annotated with the text: **Revenue Codes, Procedure Codes, Procedure Modifiers**. The form also features a 'TOTALS' section at the bottom right of the grid.

The CMS-1500 form is a more compact claim form. It includes a QR code at the top left and a 'HEALTH INSURANCE CLAIM FORM' title. A large blue arrow points to the 'DIAGNOSIS CODES (12)' section, which is a grid for listing medical diagnoses. The form also includes sections for patient information, insurance details, and provider information.

# UB-04

vs.

# CMS-1500

The UB-04 form is a detailed medical claim form. It includes sections for patient information (name, address, birth date, sex, admission dates), insurance details (insurer name, ID, group name), and a large table for procedure and diagnosis codes. The table has columns for ICD-9-CM diagnosis codes, ICD-9-CM procedure codes, and CPT procedure codes. A large blue arrow points from the text 'External Cause of Injury (ECI) Codes' to the 'ICD-9-CM PROCEDURE CODE' column. Another large blue arrow points from the text 'ICD Procedure Codes and Dates (25)' to the 'ICD-9-CM PROCEDURE CODE' column. A third blue arrow points from the text 'External Cause of Injury (ECI) Codes' to the 'ICD-9-CM PROCEDURE CODE' column. The form also includes a section for charges and a signature area for the provider.

External Cause of Injury (ECI) Codes

ICD Procedure Codes and Dates (25)

The CMS-1500 form is a simplified medical claim form. It includes sections for patient information (name, address, birth date, sex), insurance details (insurer name, ID, group name), and a section for procedure codes. The procedure code section has columns for ICD-9-CM procedure codes, CPT procedure codes, and procedure modifiers. A large blue arrow points from the text 'Procedure Codes, Procedure Modifiers' to the 'CPT PROCEDURE CODE' column. The form also includes a section for charges and a signature area for the provider.

Procedure Codes, Procedure Modifiers



**ONPOINT**  
Health Data

## Billing Practices

- Billing forms
- **Payer relationships**
- Admission date vs. first date of service
- Balance/surprise billing
- Non-Physician providers
- Multiple E&M codes in a visit
- COVID-19

# Payer Relationships

## Commercial, Medicare, & Medicaid

Primary Insurance	Secondary Insurance	Tertiary Insurance
Commercial	Commercial Medicare	Medicaid
Commercial	Medicaid (third-party liability (TPL))	
Medicare	Commercial Medicare Supplemental (crossover claims)	Medicaid
Medicare	Medicaid (dual-eligible (crossover claims))	
Medicare Advantage	Commercial <del>Medicare Supplemental</del>	Medicaid
Medicare Advantage	Medicaid	
Medicaid		

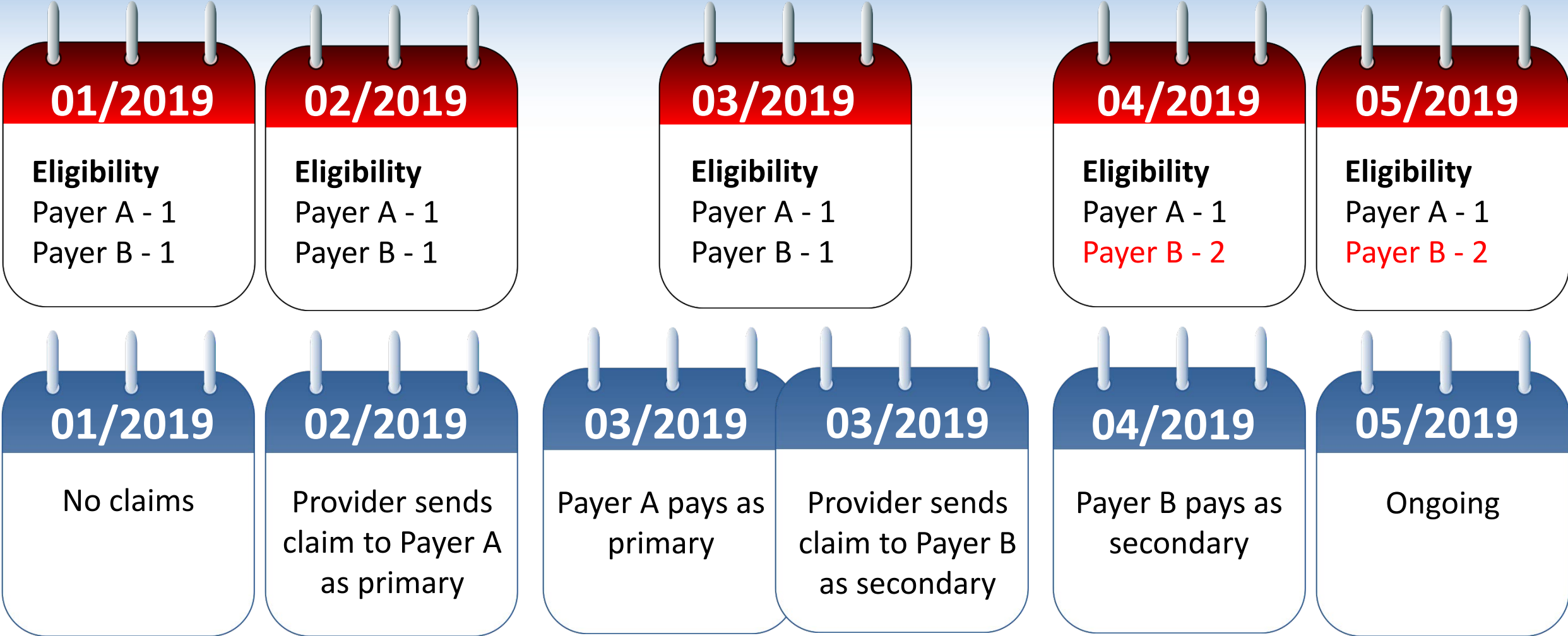
# Commercial Insurers

## More than One Commercial Insurer

<b>Member</b>	<b>Dad's Insurance</b> Dad's Birthday 5/22/1988	<b>Mom's Insurance</b> Mom's Birthday 3/17/1990
Dad	Primary	Secondary
Mom	Secondary	Primary
Greg	Secondary	Primary
Marcia	Secondary	Primary
Peter	Secondary	Primary
Jan	Secondary	Primary



# 2 Payers Reporting as Primary



## Billing Practices

- Billing forms
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- **Admission date vs. first date of service**
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# Admission & First Service Dates

- **Admission Date:** The date on which the patient was admitted to an inpatient facility
- **Date of Service (From):** The earliest date of service reported on the claim

# Admission & First Service Dates

## Interim Claims

Claim Reporting Period	Admit Date	From Date	Through Date
January	1/5/2019	1/5/2019	1/31/2019
February	1/5/2019	2/1/2019	2/28/2019
March	1/5/2019	3/1/2019	3/12/2019



# Admission & First Service Dates

Outpatient Services Provided 72 Hours Prior to Admission

Claim Reporting Period	Admit Date	From Date
March	3/6/2019	3/4/2019



# Admission & First Service Dates

## Admission from Emergency Room

Claim Reporting Period	Admit Date	From Date
April	4/8/2019	4/7/2019



## Billing Practices

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# Balance/Surprise Billing

- Provider bills a patient for the difference between the provider's total charge and the allowed amount
- Non-participating providers
  - Network indicator





# Balance Billing

## Commercial Insurance

	A	B	C	D	E	F	G	H
Provider Type	Charge Amount	Allowable Amount	Insurance Paid Amount	Member Responsibility Amount (Copay, Coinsurance, Deductible)	Additional Charge to Patient Amount (Balance Bill)	Total Reimbursement Amount (C)+(D)+(E)	Total Member Responsibility Amount (D)+(E)	Contractual Allowance Amount (Write-off)
Participating	100.00	80.00	55.00	25.00	0.00	80.00	25.00	20.00
Non-Participating	100.00	85.00	50.00	35.00	15.00	100.00	50.00	0.00

## Billing Practices

- Billing forms
- Payer relationships
- Admission date vs. first date of service
- Balance/surprise billing
- **Non-Physician providers**
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# Non-Physician Provider (NPP) Billing

## Medicare FFS

- Who is an NPP: Nurse practitioner, physician assistant, etc.
- Billing under
  - Physician's NPI: 100% of the allowed amount
  - NPP's NPI: 85% of the allowed amount
- Incident-to billing
  - Billed under the physician's NPI

# Non-Physician Provider (NPP) Billing

## Medicare FFS

- Rules for “incident-to” billing (under physician’s NPI)
  - Non-facility setting (anywhere but a hospital or SNF)
  - Service commonly provided by the physician
  - Service directly supervised by the physician
  - The reporting physician must personally have performed the initial service and remained active in the patient’s care

# Non-Physician Provider (NPP) Billing

## Commercial Insurers

- Rules vary by payer, region, and contract
  - Follow Medicare incident-to billing rules
  - Require that NPPs be credentialed – Billed under the NPP
  - NPPs not credentialed – Billed under the physician

## Billing Practices

- Billing forms
- Payer relationships
- Admission date vs. first date of service
- Balance/surprise billing
- Non-Physician providers
- **Multiple E&M codes in a visit**
- COVID-19

# Multiple E&M Codes in the Same Visit

Member	Provider	Date of Service	CPT Code	CPT Modifier	Diagnosis	Diagnosis Description	Quantity	Charge Amount	Paid Amount	Copay Amount
Jane Jones	Dr. Smith	3/14/2019	99395		Z00129	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORMML FIND	1.00	325.00	232.00	0.00
Jane Jones	Dr. Smith	3/14/2019	99213	25	L709	ACNE UNSPECIFIED	1.00	189.00	52.00	15.00

## Billing Practices

- Billing forms
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- **COVID-19**



# Coronavirus Disease (COVID-19)

## New Codes – ICD Diagnosis Codes

- World Health Organization
  - Names diseases
    - » Virus – Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
    - » Official name – 2019-Novel Coronavirus (COVID-19)
    - » Original name – 2019-nCoV
  - Assigns ICD-10 codes
  - Declares use of emergency ICD-10 codes
    - » U07 series
    - » Temporary codes
    - » **U07.1 – 2019-Novel Coronavirus (COVID-19)**



# Coronavirus Disease (COVID-19)

## New Codes – Procedure Codes

Payer	CPT/HCPCS	Description	Additional Information	Effective Date	Retroactive Date
Medicare	U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	CDC testing laboratories	4/1/2020	2/4/2020
Medicare	U0002	SARS-CoV-2/2019-nCoV (COVID-19)	Non-CDC laboratory tests	4/1/2020	2/4/2020



# Coronavirus Disease (COVID-19)

## New Codes – Procedure Codes

Payer	CPT/HCPCS	Description	Additional Information	Effective Date	Retroactive Date
Medicare	U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	CDC testing laboratories	4/1/2020	2/4/2020
Medicare	U0002	SARS-CoV-2/2019-nCoV (COVID-19)	Non-CDC laboratory tests	4/1/2020	2/4/2020
Commercial	87635	SARS-COV-2 COVID-19 AMP PRB		3/13/2020	Payer specific



# Coronavirus Disease (COVID-19)

## Coding Guidance

Claim Line	Payer	CPT/HCPCS	Description	Modifier
1	Commercial	87635	SARS-COV-2 COVID-19 AMP PRB	
2	Commercial	87635	SARS-COV-2 COVID-19 AMP PRB	59

# Coronavirus Disease (COVID-19)

## Coding Guidance

- U07.1 – 2019-Novel Coronavirus (COVID-19)
- Coding of encounters related to COVID-19
  - Pneumonia
    - » J12.89 – Other viral pneumonia
    - » B97.29 – Other coronavirus as the cause of diseases classified elsewhere
  - Acute bronchitis
    - » J20.8 – Acute bronchitis due to other specified organisms
    - » J40 – Bronchitis, not specified as acute or chronic
    - » B97.29 – Other coronavirus as the cause of diseases classified elsewhere

# Coronavirus Disease (COVID-19)

## Coding Guidance

- Coding of encounters related to COVID-19
  - Lower respiratory infection
    - » J22 – Unspecified acute lower respiratory infection
    - » J98.8 – Other specified respiratory disorders
    - » B97.29 – Other coronavirus as the cause of diseases classified elsewhere
  - ARDS (acute respiratory distress syndrome)
    - » J80 – Acute respiratory distress syndrome
    - » B97.29 – Other coronavirus as the cause of diseases classified elsewhere

# Coronavirus Disease (COVID-19)

## Coding Guidance

- Coding of encounters related to COVID-19
  - Exposure to COVID-19
    - » Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out
    - » Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
  - Signs and symptoms
    - » R05 – Cough
    - » R06.02 – Shortness of breath
    - » R50.9 – Fever, unspecified

# Coronavirus Disease (COVID-19)

## Coding Guidance

- Caution
  - B97.29 – Other coronavirus as the cause of diseases classified elsewhere
  - Other coronavirus codes
    - » Example: B34.2 – Coronavirus infection, unspecified





# Coronavirus Disease (COVID-19)

## Advocacy & Payment

- Copays waived
- Retroactive coverage
- Telehealth
- Halting medical bills
- Prescription benefits
  - 90-day maintenance prescriptions
  - Waive charges for home delivery
  - Waive early refill limits on 30-day prescription maintenance medications



# Questions & Answers



**ONPOINT**  
Health Data

# Looking Ahead to the Next User Group Session

# Next User Group Session

## Understanding Your Enhanced Summary Tables: Inpatient Stay Summary & Medical Claim Header

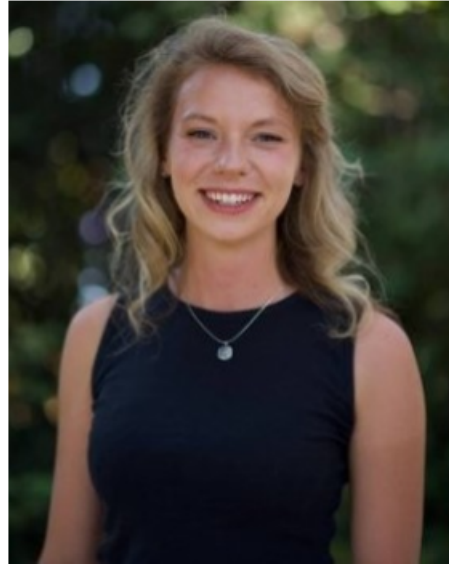
*May 20, 2020; 12:00pm - 1:00pm ET*

**Presenter:** Gina Robertson, Data Operations Manager

**Intended Audience:** General

APCDs serve as valuable resources for getting a granular look at healthcare services performed over time. In any given year, a payer may report millions and millions of medical claim service lines — one record per service rendered within the same claim, same episode, or same inpatient stay. With no simple way of linking these related services together, it can be difficult to ensure that you're attaining all of the information from a claim or episode that you're seeking. Onpoint's Inpatient Stay Summary and Medical Claim Header tables do this linkage for you, delivering information about related services in condensed, yet comprehensive summary records. This training is designed to delineate what information the Inpatient Stay Summary and Medical Claim Header tables provide and how to use that information in your independent analyses.

Interested in attending this session? Register to receive additional information about the event [here](#).



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