RESPONDING TO COVID-19: Informatics Virtual Conference

April 15, 2020 | 12:00pm ET / 9:00am PT

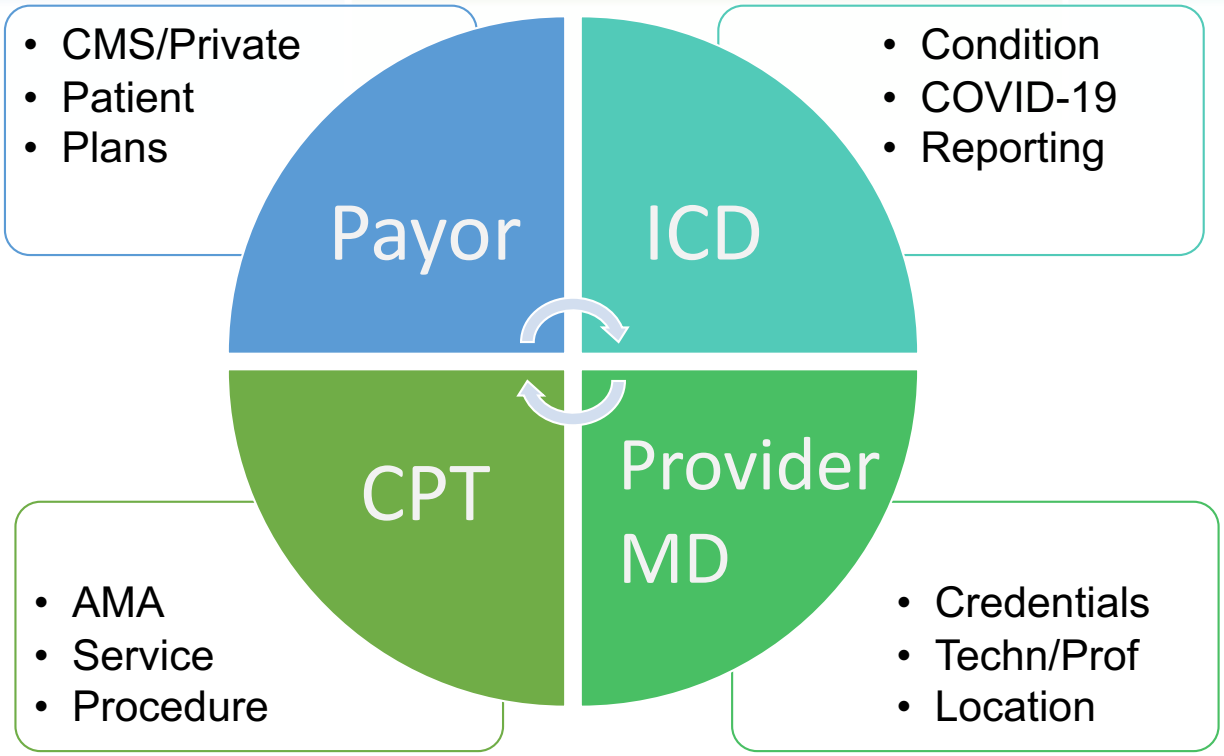
Speakers:	Thomas J.S. Durant, M.D.	Yale School of Medicine / Yale-New Haven Hospital
	Michael Feldman, M.D., Ph.D.	University of Pennsylvania Health System / Perelman School of Medicine
	Jochen K. Lennerz, M.D., Ph.D.	**Massachusetts General Hospital / Harvard Medical School**
Moderated by:	J. Mark Tuthill M.D.	Henry Ford Health System

Responding to the COVID-19 pandemic has been overwhelming and disruptive to most, if not all healthcare organizations across the globe. Collaboration and communication are key to building best practices and responsiveness.

Join us for this critical event series beginning April 15th, as health leaders from top healthcare organizations across the country share best practices, practical techniques and lessons learned in response to COVID-19. Learn what you can do to overcome the operational setup, communication, and analytics challenges health systems face – today – with the surging pandemic by registering for the series.

The first virtual conference in the series will focus on key topics including how to best triage testing and load balancing, how labs can bring up EUA tests and manage the volume of data with clinical validation and dashboards. Subsequent webinars will focus on the continued evolution of the topic of COVID-19 and how health systems and their laboratories can manage and survive the surge.

Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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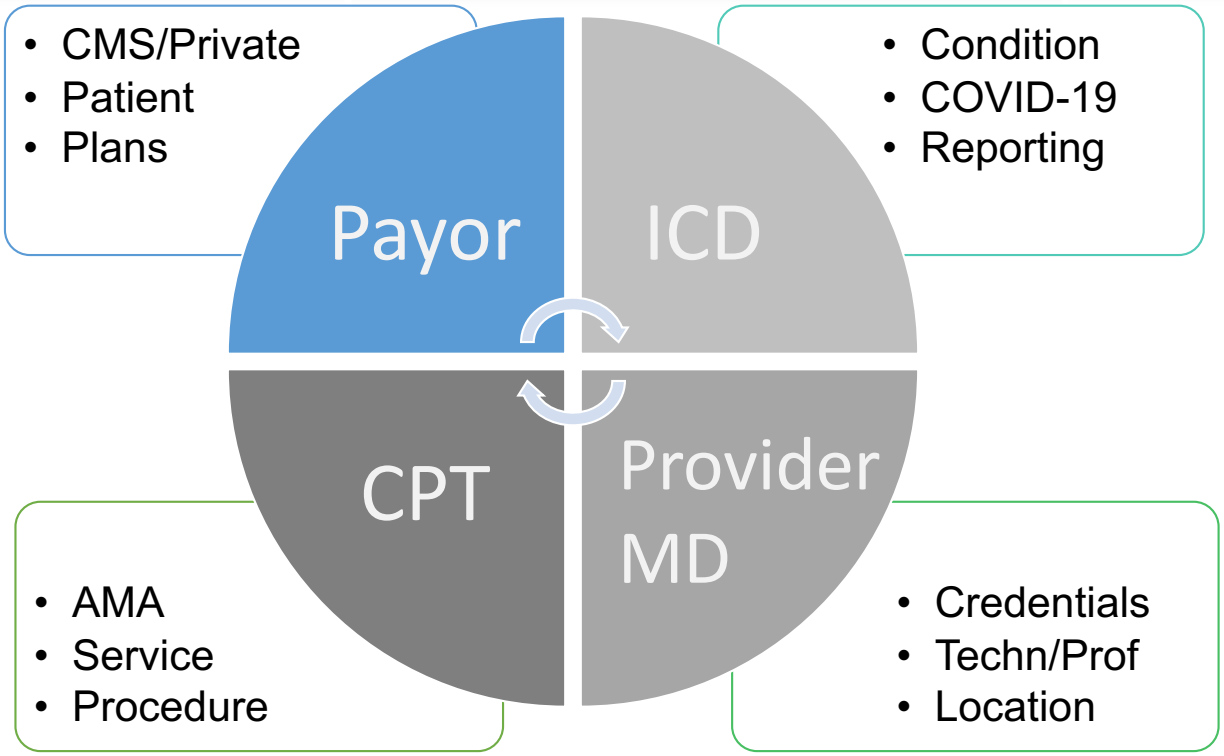
Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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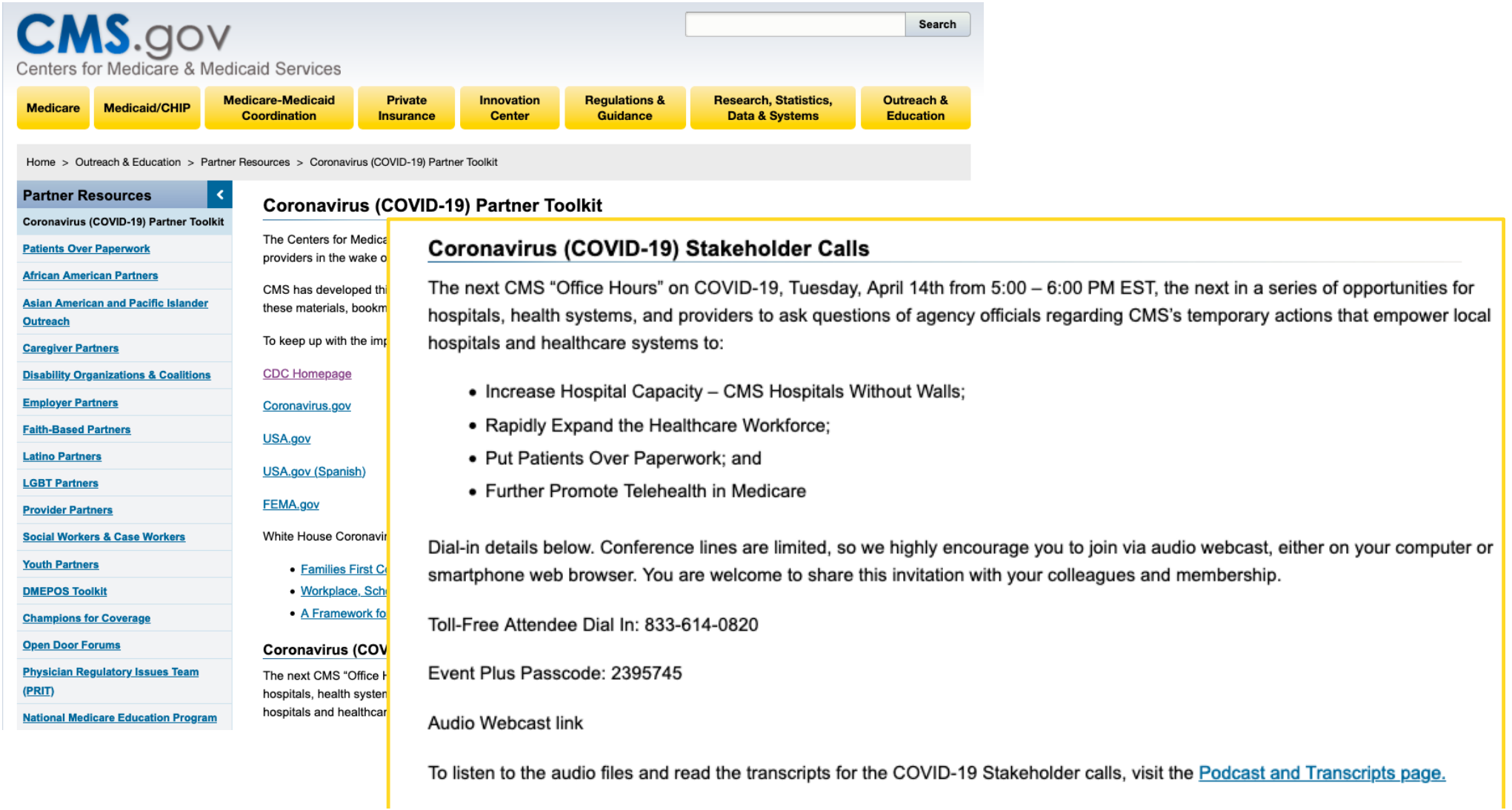
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Champions for Coverage
Open Door Forums
Physician Regulatory Issues Team (PRIT)
National Medicare Education Program
Coronavirus (COVID-19) Partner Toolkit
CDC Homepage
Coronavirus.gov
USA.gov
USA.gov (Spanish)
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Coronavirus (COVID-19) Stakeholder Calls
The next CMS "Office Hours" on COVID-19, Tuesday, April 14th from 5:00 – 6:00 PM EST, the next in a series of opportunities for hospitals, health systems, and providers to ask questions of agency officials regarding CMS's temporary actions that empower local hospitals and healthcare systems to:
Increase Hospital Capacity – CMS Hospitals Without Walls;
Rapidly Expand the Healthcare Workforce;
Put Patients Over Paperwork; and
Further Promote Telehealth in Medicare
Dial-in details below. Conference lines are limited, so we highly encourage you to join via audio webcast, either on your computer or smartphone web browser. You are welcome to share this invitation with your colleagues and membership.
Toll-Free Attendee Dial In: 833-614-0820
Event Plus Passcode: 2395745
Audio Webcast link
To listen to the audio files and read the transcripts for the COVID-19 Stakeholder calls, visit the Podcast and Transcripts page.

State-level guidance

This will likely differ in your legislation

MassHealth: Coronavirus Disease 2019 Providers

COVID-19 related information for MassHealth Providers.

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- Guidance for Long Term Services and Supports (LTSS) Providers
- Guidance for Behavioral Health Providers
- Guidance for Transportation Brokers & Drivers
- Guidance on MassHealth Eligibility & Applications during COVID-19
- Guidance for Telehealth Network Providers
- Frequently Asked Questions
- Related

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth

MassHealth
Transmittal Letter LAB-50 (Updated)
March 2020

TO: Independent Clinical Laboratories Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: *Independent Clinical Laboratory Manual* (diagnostic tests for COVID-19)

This letter transmits a revision to Subchapter 6 in the *Independent Clinical Laboratory Manual*. MassHealth has updated Subchapter to add new procedure code 87635 for clinical laboratory services covering diagnostic tests for the 2019 novel Coronavirus (COVID-19). Providers will be able to bill MassHealth for this code beginning April 1, 2020, for dates of service on or after March 12, 2020.

MassHealth providers must refer to the American Medical Association's 2020 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Independent Clinical Laboratory Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for Clinical Laboratory Services is 101 CMR 320.00; for Medicine, it's 101 CMR 317.00; and for Surgery and Anesthesia, it's 101 CMR 316.00.

General Notice

MassHealth does not pay for Definitive and Presumptive testing/screening on the same date of service (DOS), as noted in *Independent Clinical Laboratory Bulletin 9*.

Presumptive codes	Definitive codes	Error
80305-80307	G0480-G0483	8304- lab conflict on same DOS

State-level guidance

This will likely differ in your legislation

MassHealth: Coronavirus Disease 2019 Providers

COVID-19 related information for MassHealth Providers.

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

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KARYN E. POLITO
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MARYLOU SUDDERS
Secretary

Tel: (617) 573-1600
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Administrative Bulletin 20-08

101 CMR 320.00: Clinical Laboratory Services

Effective for dates of service on or after March 12, 2020

Procedure Code Update

Pursuant to 101 CMR 320.01(3), the Executive Office of Health and Human Services is adding a new procedure code for clinical laboratory services covering diagnostic tests for the 2019 novel Coronavirus (COVID-19). As set forth in 101 CMR 320.01(3)(c), rates for newly added codes are calculated according to the rate methodology used in setting clinical laboratory rates. Added codes without Medicare fees are reimbursed at individual consideration (I.C.). The rate listed in this administrative bulletin is applicable until revised rates are issued by the EOHHS. This administrative bulletin supersedes *Administrative Bulletin 20-07* that was previously issued.

The following change is effective for dates of service on or after March 12, 2020.

CODE	CHANGE	RATE	DESCRIPTION
87635	Addition	I.C.	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

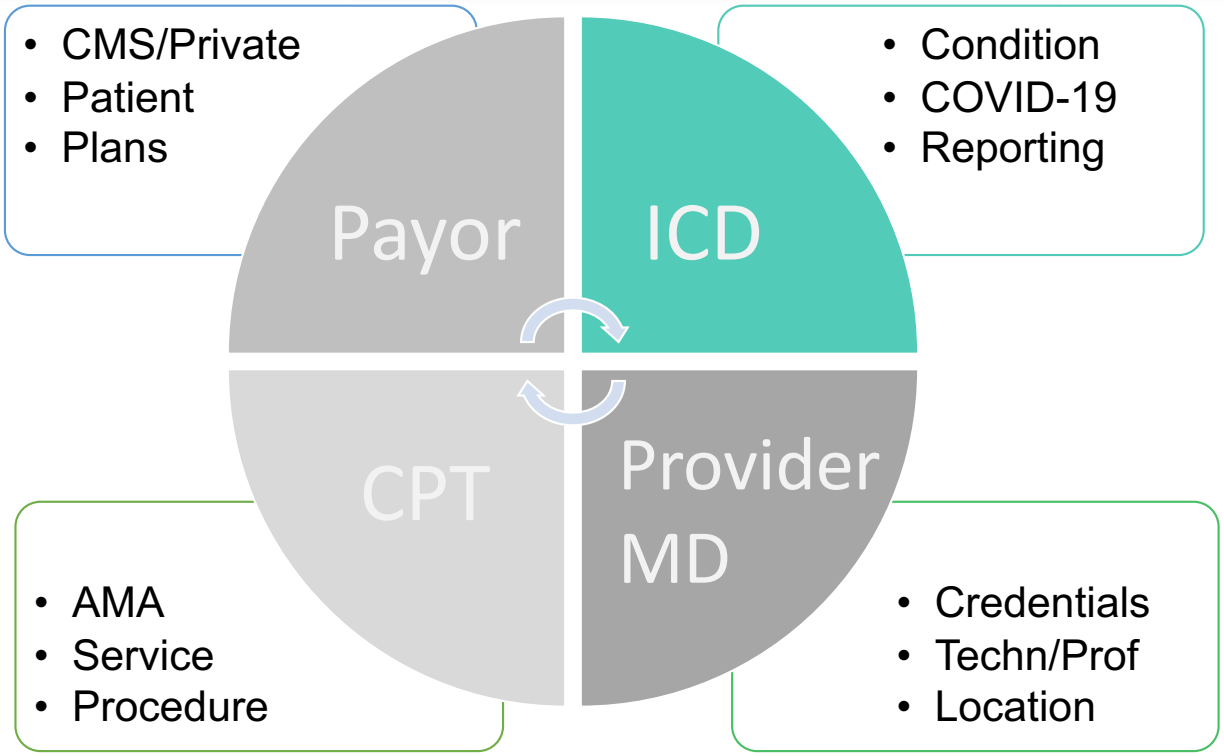
Payor-level guidance

This will differ payor to payor

Policy update history

08/15/2014	Documentation of existing policy
02/17/2015	Addition of information on acute care hospitals reimbursement policy
05/18/2015	Template update, addition of information on prostate needle biopsy services
10/30/2015	Template update; annual review; edits for clarity; inclusion of information on billing guidelines for acute care hospitals, automated multi-channel chemistry and lab panel services, lab handling codes, venipuncture, and pap smear
05/01/2017	Template update; annual review; addition of information on automated multi-channel chemistry (AMCC) and organ or disease panel tests based on AMCC payment method effective 8/1/2017
06/30/2018	Annual review; removed effective date of AMCC; removed pap smear billing info; inclusion of OPPS status codes for facility venipuncture and urinalysis procedures
12/31/2018	Edits for clarity on facility venipuncture language and correction to lab panel codes.
02/01/2020	Updated to reflect changes to outpatient reimbursement effective 2/1/2020 to deny OPPS SI=N codes for facility claims; edits for clarity in coding grid
03/13/2020	Updated with COVID-19 information
03/18/2020	Updated with new COVID-19 CPT code

Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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How to code COVID?

Symptomatic/No diagnosis yet ← → **COVID-19 diagnosis**

Diagnosis code*	Service description
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases

Signs and symptoms
For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
• R05 Cough
• R06.02 Shortness of breath
• R50.9 Fever, unspecified

Note: 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."

Diagnosis code*	Service description
B97.29	Other coronavirus as the cause of diseases classified elsewhere
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
U07.1	2019-nCOV acute respiratory disease (effective April 1, 2020)
B34.2	Coronavirus infection, unspecified

*The CDC has created an interim set of ICD-10 CM official coding guidelines, effective February 20, 2020.

Note: 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."

J. Lennerz, MGH, Center for Integrated Diagnostics, Boston, MA, USA

What are the diagnostic features of COVID?

Topic: Alliance - International Pathology Data Repository

When: Apr 22, 2020 01:00 PM Eastern Time (US and Canada)

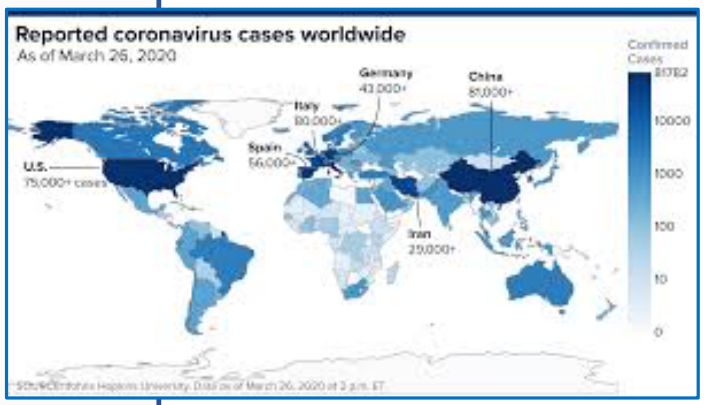
Web: www.digitalpathologyalliance.org

Register in advance for this webinar:
https://partners.zoom.us/webinar/register/WN_ksxjtjVHTWim9olHZ9AIuw

THE ALLIANCE FOR DIGITAL PATHOLOGY

MGH-MDIC-DPAF-FDA

COVID-19 Worldwide Digital Repository



Organized by the *Alliance* Standards Working Group

Lead: Markus Herrmann (MGH), Amanda Lowe (Visiopharm), Matt Leavitt (LUMEA), Ian Cree (WHO), Brandon Gallas (FDA), Steve Hewitt (NIH), Alain Borczuk (Weill Cornell)

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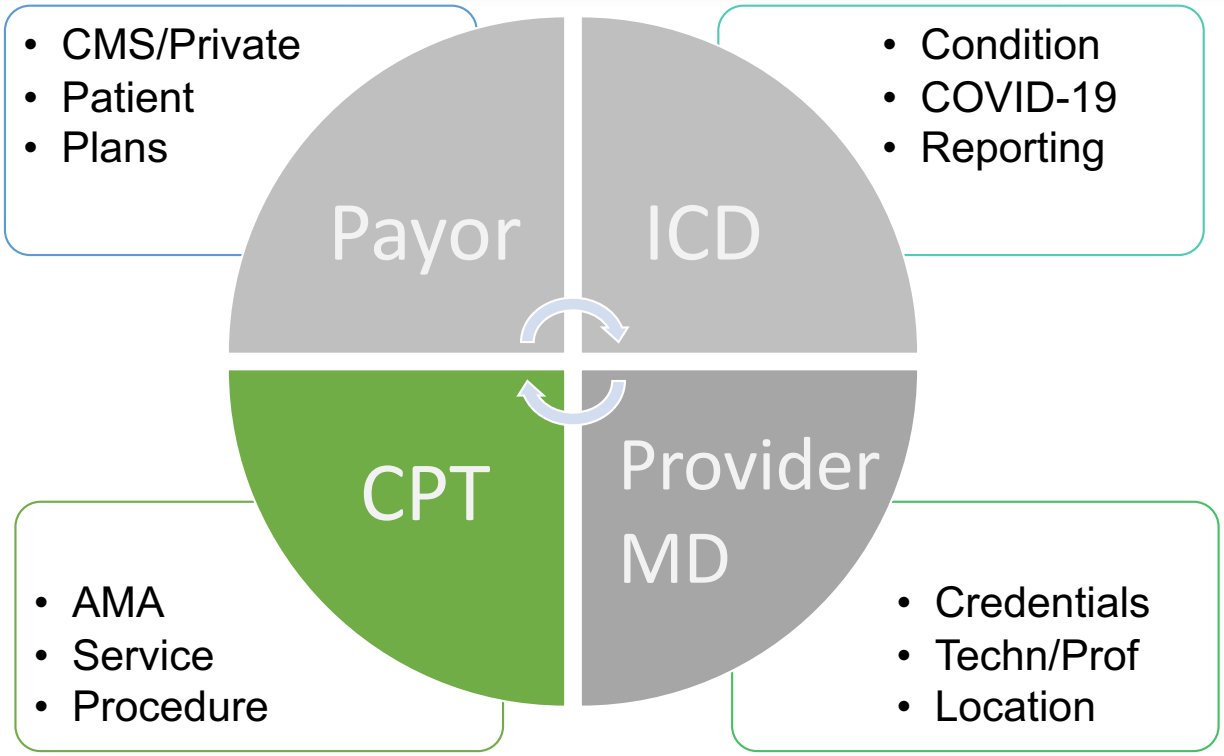
Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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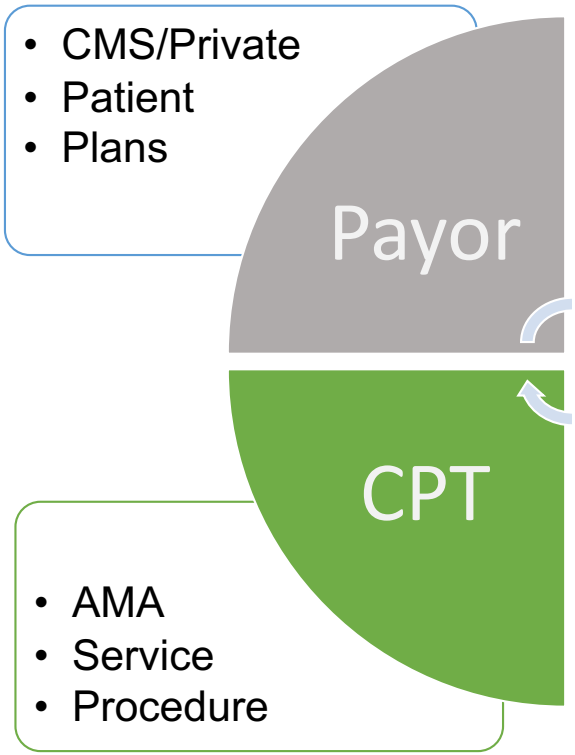

Timelines

30 days	Average time for both electronic (EDI) and paper claims to process on a remittance advice (RA).
60 days	Usual turnaround time for Medicare/MassHealth crossover claims forwarded to MassHealth by the Massachusetts Medicare fiscal agent to be processed.
90 days	Initial claims must be received by MassHealth within 90 days of the service date. If you had to bill another insurance carrier before billing MassHealth, you have 90 days from the date of the explanation of benefits (EOB) of the primary insurer to submit your claim.
12 months	Final submission deadline. You have 12 months from the date of service to resolve your claim, if you originally submitted the claim within 90 days from the date of service. If you exceed this deadline, your claim will be denied for error code 853 or 855 (Final Deadline Exceeded) on an RA. See the following section for the appeal procedures for these error codes
18 months	Final submission deadline if you had to bill another insurance carrier before billing MassHealth. You have 18 months from the service date to resolve your claim, as long as the claim was received by MassHealth within 90 days of the EOB date. If you exceed this deadline, your claim will be denied for error code 853 or 855 (Final Deadline Exceeded) on an RA. See the following section for the appeal procedures for these error codes
36 months	If the date of service is more than 36 months when it is received by MassHealth, the claim will be denied for error 856 or 857 (Date of Service Exceeds 36 Months) on an RA. A claim with this error code cannot be appealed.

J. Lennerz, MGH, Center for Integrated Diagnostics, Boston, MA, USA

Coronavirus (SARS-CoV-2)

Code	Service description	Reimbursement effective date
U0001 *(HCPCS)*	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	Effective April 1, 2020 for dates of service on or after February 4, 2020
U0002 *(HCPCS)*	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), **non-CDC**	
87635 *(CPT)*	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Effective March 13, 2020

Microbiology

87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Use of code 87635 will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test in the United States. For Medicare claims, the Centers for Medicare & Medicaid Services (CMS) has established two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing. HCPCS code U0001 is used specifically for CDC testing laboratories to test patients for SARS-CoV-2 and to track new cases of the virus. HCPCS code U0002 is intended for laboratories to report non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). Therefore, to meet the needs of the CDC safety-monitoring programs and to track the

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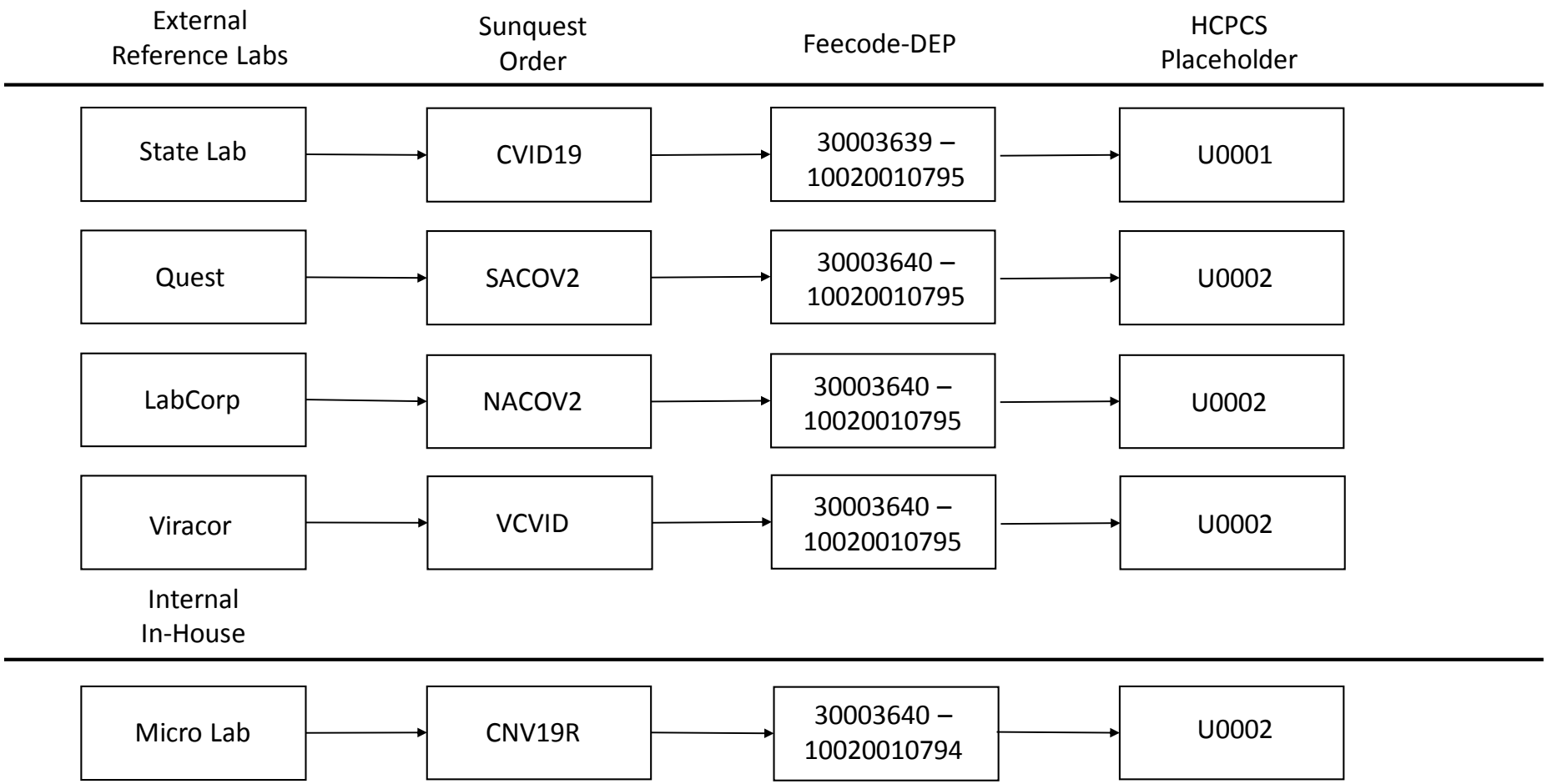
AMA
AMERICAN MEDICAL ASSOCIATION

Prior to March 13, 2020



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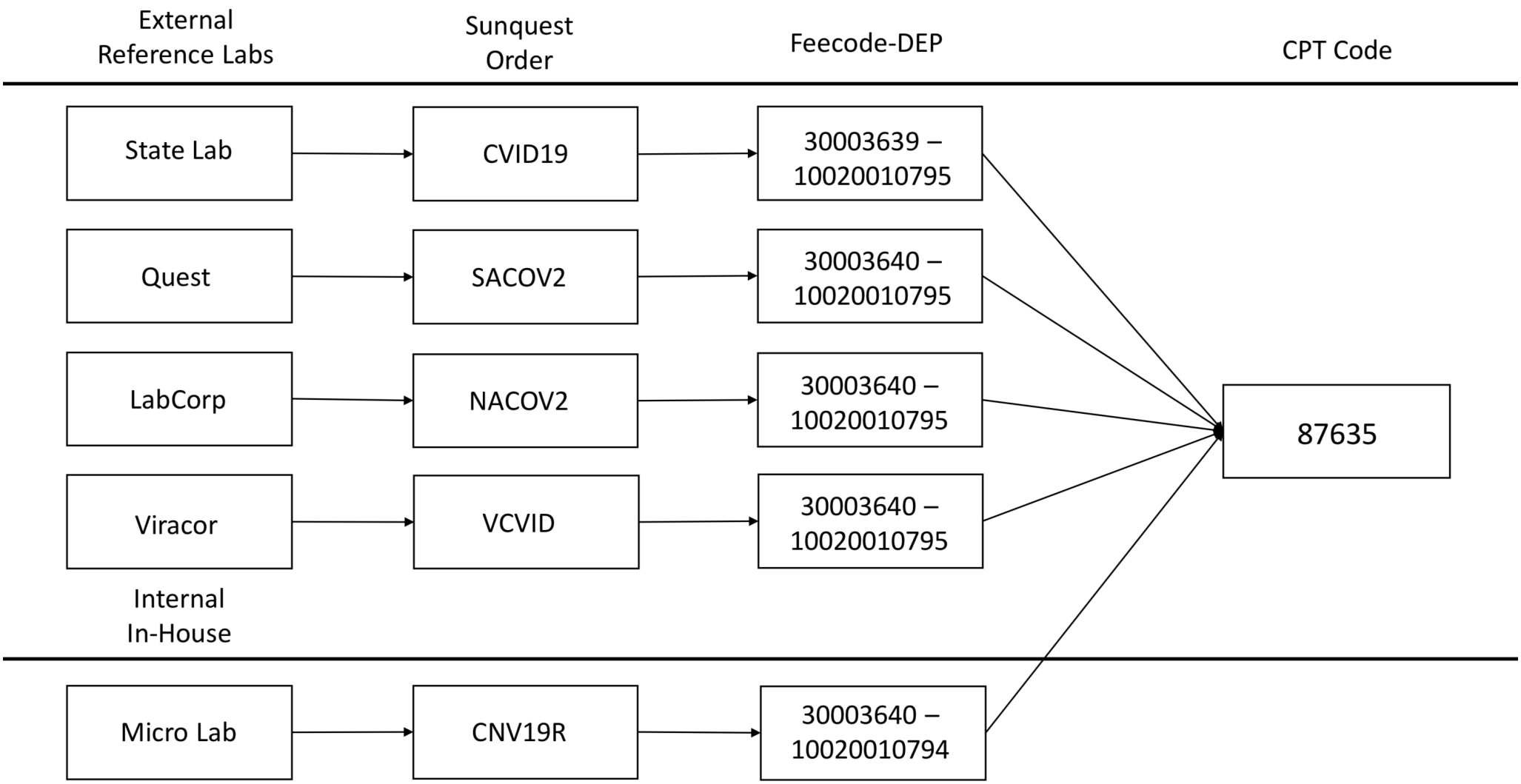
Effective March 13, 2020



SPECIAL EDITION: April Update

SARS-CoV-2 Serologic Laboratory Testing

As the coronavirus (COVID-19) pandemic continues and as responses to the disease evolve, the American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel convened a second special meeting within a month to approve codes specific to laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]). To address the urgent clinical need to report (and track) antibody testing, the CPT Editorial Panel has revised one code and established two additional codes to provide increased specificity to report serologic laboratory testing.

The AMA expedited the publication of these changes to the AMA website on Friday, April 10, 2020, at https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians. In addition to the revision of code 86318, addition of the two new codes, and a guideline revision, three parenthetical notes have been added to provide guidance on selecting the most appropriate code for the procedure performed. These codes are ***effective immediately*** for use in reporting these laboratory tests. Note that the revised code 86318, two new codes 86328 and 86769, new parenthetical notes and revised guideline are not included in the CPT 2020 code set; however, they will be included in the CPT 2021 code set in the Immunology subsection of the Pathology and Laboratory section.

Immunology

▲86318 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);

#●86328 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

►(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease [COVID-19]] antibody testing using multiple-step method, use 86769)◄

●86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

►(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus

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86328

Single-step method

(e.g. lateral flow assay)

86769

Multi-step method

(e.g. ELISA)

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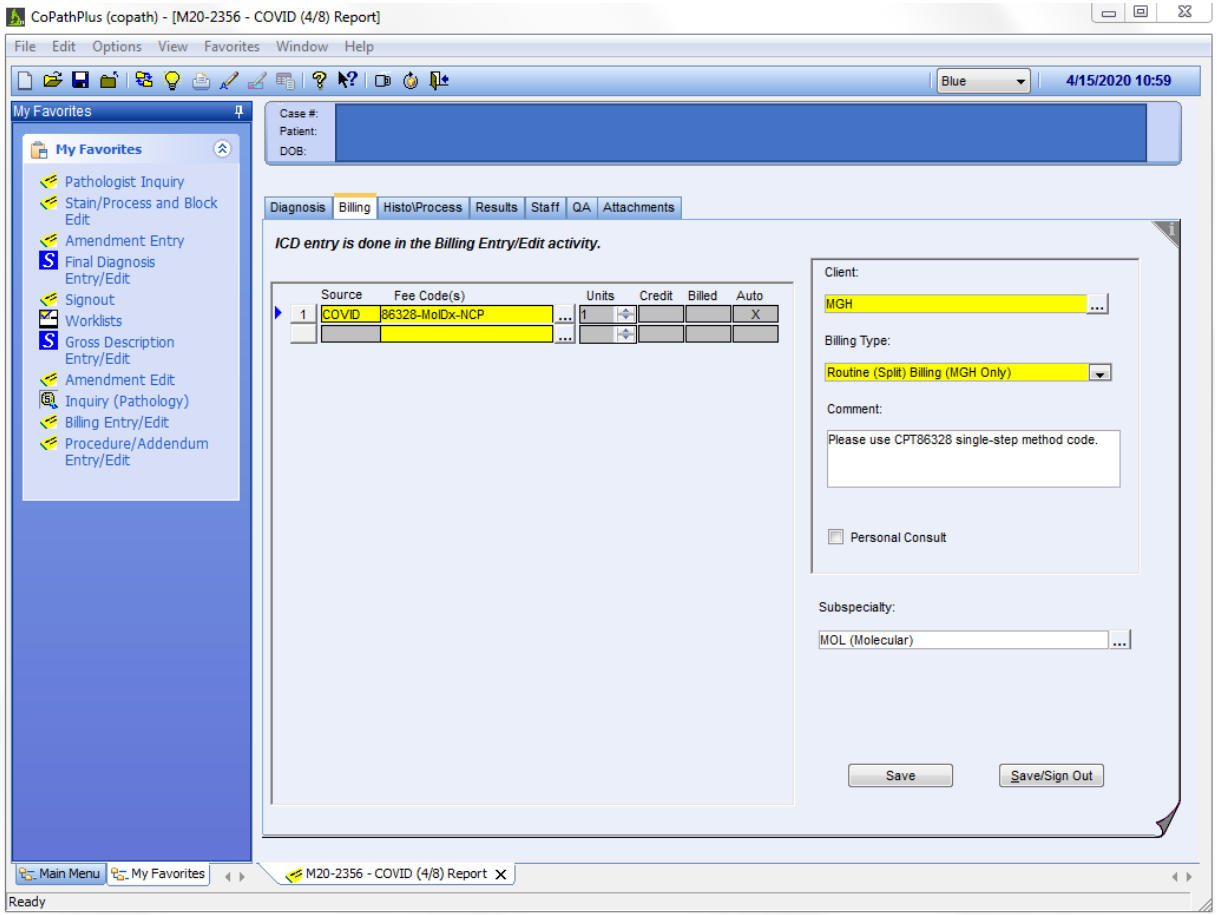

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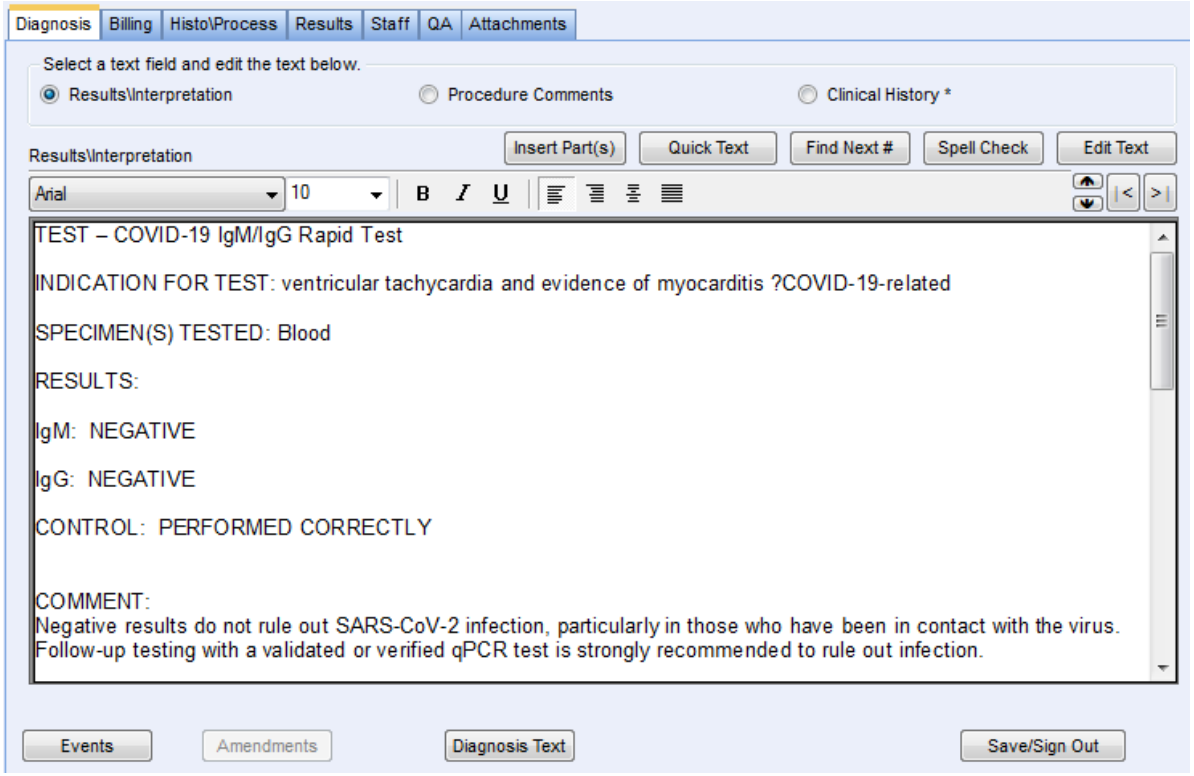

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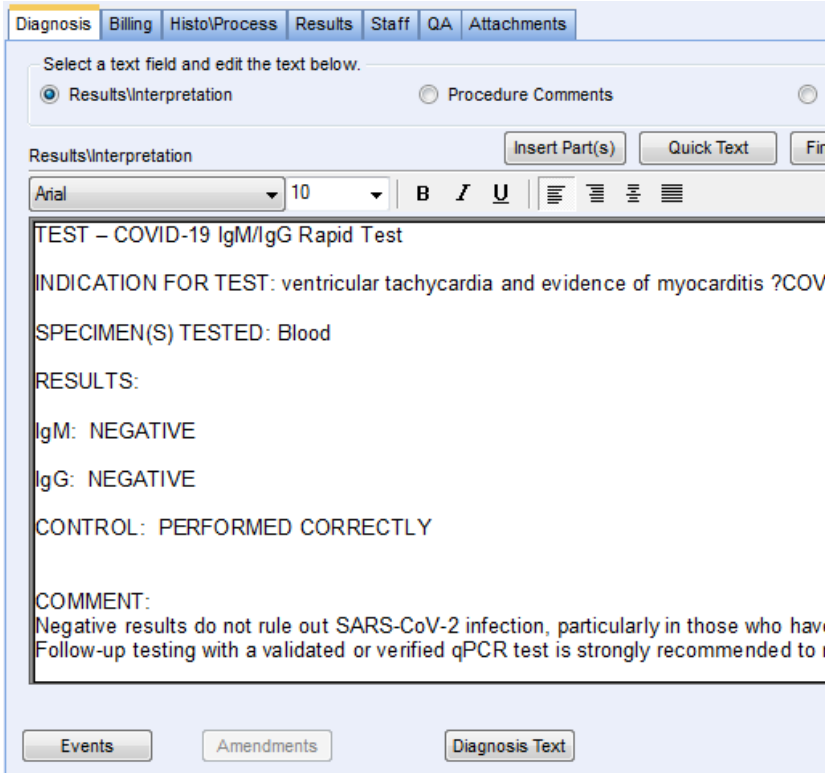

TEST – COVID-19 IgM/IgG Rapid Test
INDICATION FOR TEST: ventricular tachycardia and evidence of myocarditis ?COVID-19-related
SPECIMEN(S) TESTED: Blood

RESULTS:
IgM: NEGATIVE
IgG: NEGATIVE
CONTROL: PERFORMED CORRECTLY

COMMENT:
- Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a validated or verified qPCR test is strongly recommended to rule out infection.
- Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection or contact precaution status.
- Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E.

TEST INFORMATION:
An immunoprecipitation assay was used for the qualitative combined detection of IgM and IgG antibodies against SARS-CoV-2 virus in serum or blood. Briefly, serum and blood is used as the analyte in a lateral flow immunoassay (LFIA; Jiangsu Medomics, China; Biomedomics). The assay uses a surface antigen from SARS-CoV-2 that is conjugated to colloidal gold nanoparticles. The SARS-CoV-2 surface antigen can specifically bind serum anti-SARS-CoV-2 IgM and IgG antibodies. The conjugated analyte migrates over two mouse anti-human monoclonal antibodies (anti-IgG and anti-IgM) stripped on separate membrane positions in the detection zone. Recognition of the sample analyte results in an appropriate response on the test and control lines. The read-out, represented by the appearance of specific test lines, can be assessed by eye. CPT codes for this assay is 86790 (Qualitative Immunoassay, virus, not elsewhere specified) x 1.

This test was developed, and its performance characteristics were determined by the MGH Center for Integrated Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. Pursuant to the requirements of CLIA 88, this laboratory has established and verified the tests accuracy and precision.

Questions concerning these values should be addressed to Dr. Jochen K. Lennerz at (617) 643-0619. Testing was performed at the Center for Integrated Diagnostics, Massachusetts General Hospital, 55 Fruit St, Boston, MA 02114, and Center for Integrated Diagnostics, Massachusetts General Hospital, 149 13th Street, Charlestown, MA 02129.

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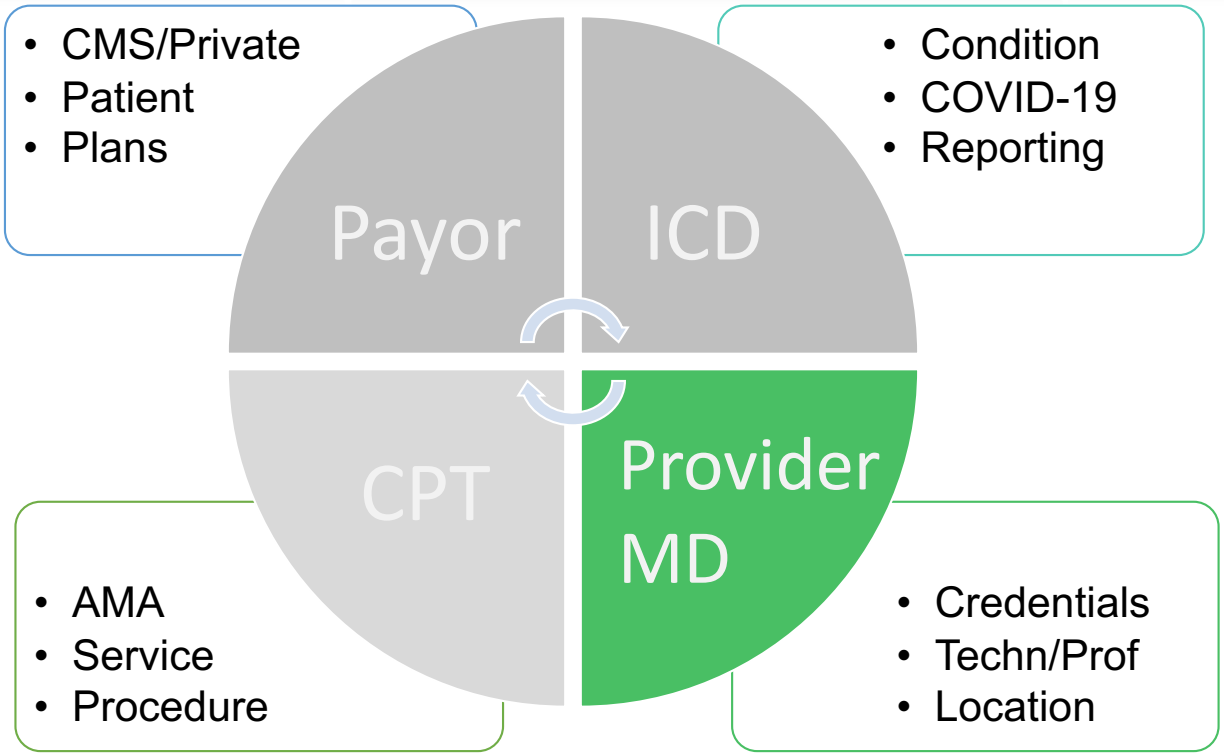
Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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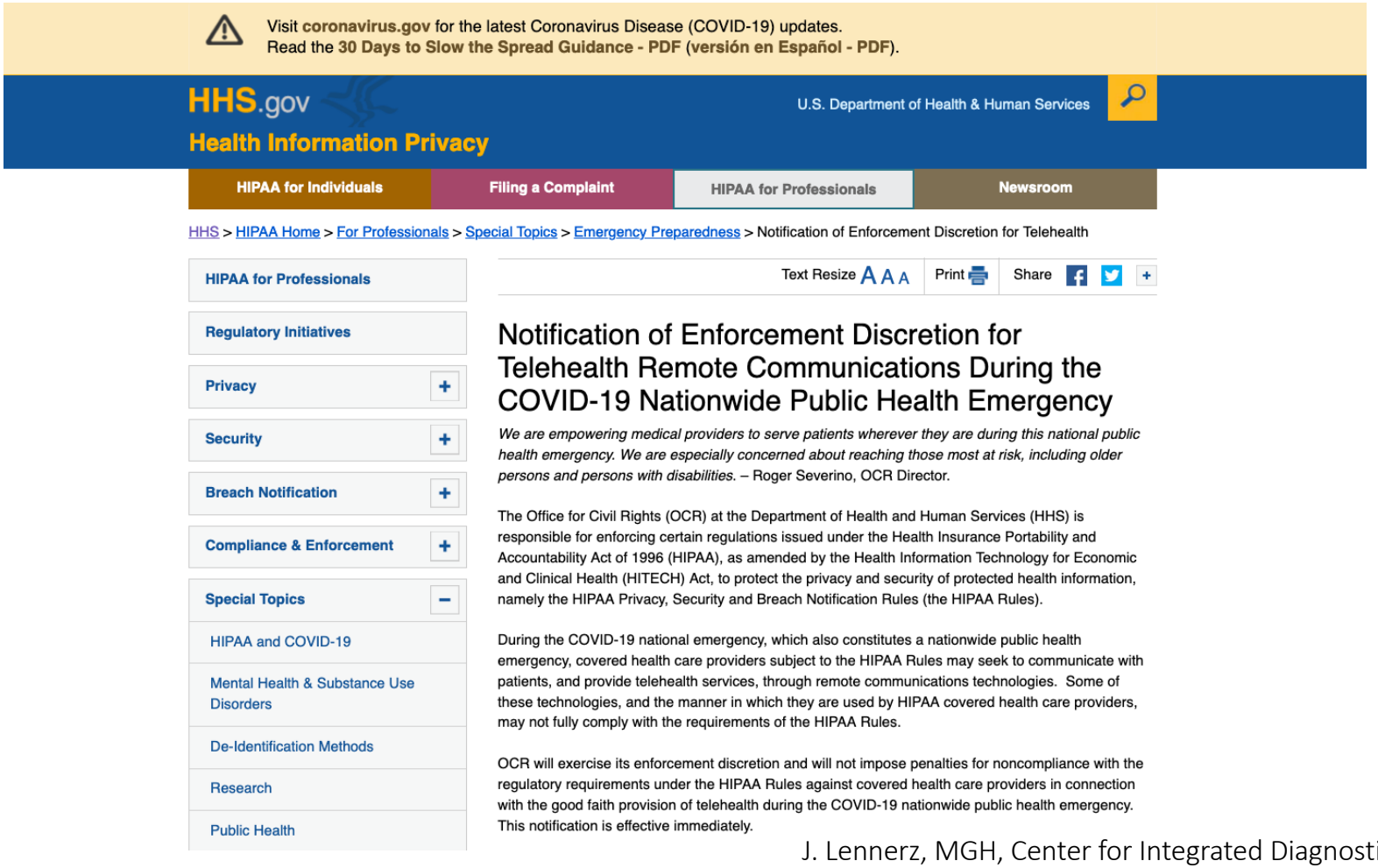
Telehealth



Visit coronavirus.gov for the latest Coronavirus Disease (COVID-19) updates.
Read the 30 Days to Slow the Spread Guidance - PDF (versión en Español - PDF).

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U.S. Department of Health & Human Services

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Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

J. Lennerz, MGH, Center for Integrated Diagnostics, Boston, MA, USA

Who would have thought…?

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

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Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger

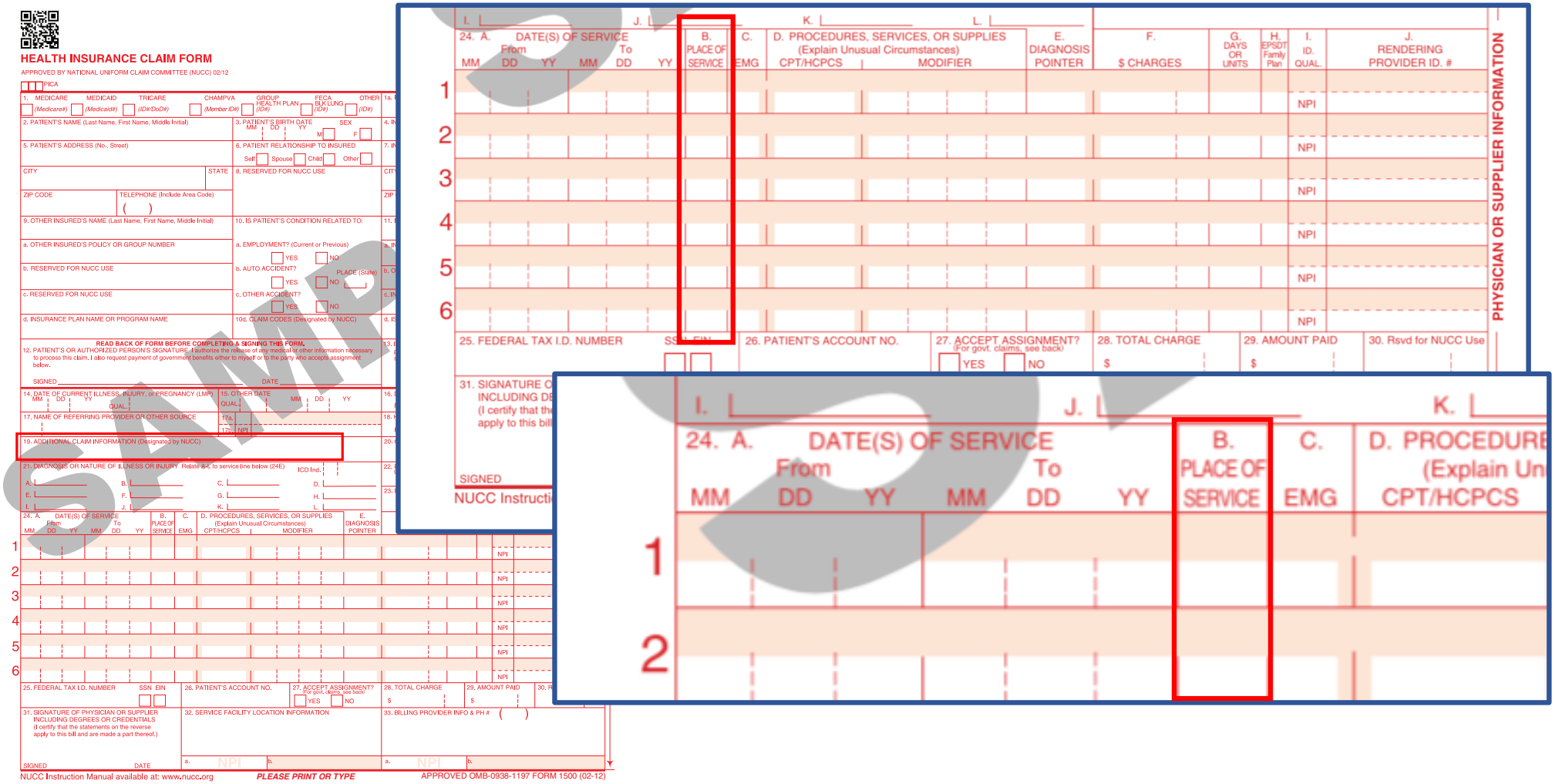
Telemedicine services may make up 2 distinct services, depending on where the patient is located during the telemedicine encounter. Table 1 outlines the different coding and billing requirements whether you are the "performing physician/provider" or the "hosting facility." In addition, since alternate terms may be used, we have included those, as well:

Table 1

	Performing Physician/Provider	**Hosting Facility**
Alternate Terms	Distant site Physician/Provider who is performing the service (eg, E/M) Remote site	Originating site Site where patient is present Telemedicine facility
Place of Service (POS) Code	**02** (regardless of physician or provider location)	Varies, check to see if payer requires **02** or the POS that defines the location (eg, **11** Office)
Billing	Bill for the actual service provided (eg, office-based E/M service **99214**) Refer to Table 2	Can bill a fee(**Q3014**) if the site is authorized to bill

telephone (“telephonic visits”). Follow the telehealth billing guidelines to bill for **telehealth** services the same as you would as in-person and include the following modifiers with place of service 02:

- Practitioners must use modifier GT, 95, G0, or GQ (via synchronous/asynchronous telehealth audio and/or video telecommunications systems to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
- When reporting modifier GT, 95, G0, or GQ the practitioner is attesting that services were rendered to a patient via synchronous/asynchronous telehealth audio and/or video telecommunications systems.



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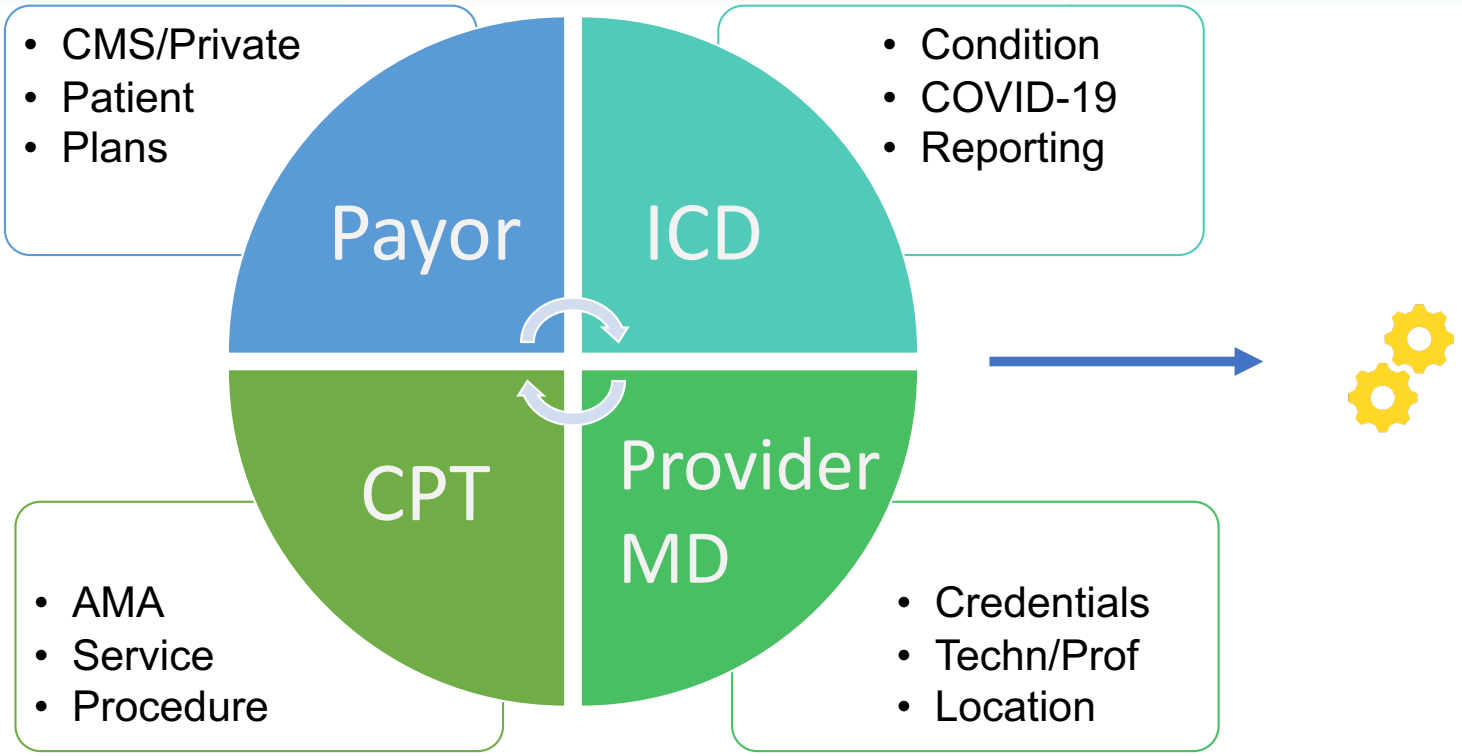
Billing and Reimbursement	Revenue Cycle Management	ICD Coding Monitoring of disease



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