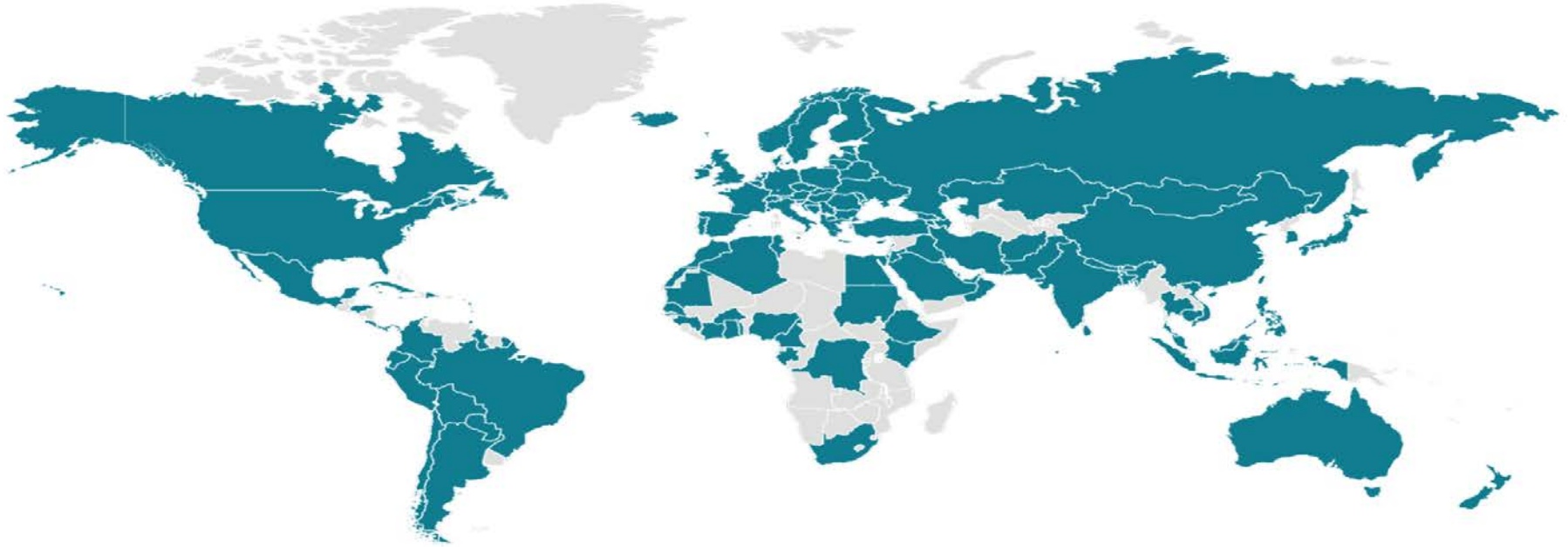

Revenue Cycle Crisis Management: Coronavirus (COVID-19)

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Revenue Cycle Solutions

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RURAL HEALTH
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Goals for today's conversation

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At the conclusion of this webinar, participants will be able to:

- Implement internal revenue cycle management controls
- Detail the importance of a Revenue Cycle Steering Committee
- Understand outpatient and inpatient coding best practices for COVID-19
- Review the role and revenue cycle components of telehealth Implement controls to manage business office practices
- Understand strategies to manage remote staff

Revenue Cycle Crisis Management

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As the healthcare industry gears up to face the coronavirus (COVID-19) crisis, hospitals must ensure that their revenue cycle is up to the challenge.

The incorporation of remote staffing, volume variability, payor mix changes and cash flow interruptions have the potential to challenge the financial viability of every organization.

The revenue cycle must be primed to provide timely, consistent information to allow leadership to manage and anticipate cash flow and customer concerns.

This webinar will detail the importance of establishing daily revenue cycle dashboard reports, provide detailed coding guidance, illustrate best practices for remote staff management and discuss strategies for successfully billing and coding telehealth services.

The goal of this presentation is to ensure that the revenue cycle supports and enhances the clinical support each hospital provides its patients and community.

Revenue Cycle and Utilization Concerns – Tales from the Field

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- Hospitals are reporting dramatic variability in utilization
  - Reduced visits due to lack of testing, concerns of transmission
  - Increased visits due to outbreaks
- Variable Emergency Room volume as urgent care visits
  - Low acuity patients are steering clear of hospitals
  - Concern and anxiety drive patients in
- Cancellation and postponement of elective outpatient surgery
- Reduction in initial chemotherapy treatments
- Reduction in physician office visits
- Reduction in outpatient ancillary testing
  - MRI
  - CT Scan
  - Laboratory
- These components will combine to interrupt expected cash flow

Revenue Cycle Steering Committee

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- Hospitals need to address the clinical crisis and manage the financial implications
- The revenue cycle must perform exceptionally to ensure the financial viability of the organization
- Daily revenue cycle management must be incorporated through the establishment of a Revenue Cycle Steering Committee
- Steering committee should include, at a minimum, CEO, CFO, Revenue Cycle Director, Business Office Manager, Emergency Room Director, Radiology Director, Laboratory Director and Physician Practice Manager
- Revenue Cycle Steering Committee should be separate and distinct from the clinical management team
- Revenue Cycle Steering meetings should last one hour, be scheduled daily and at the same time each day

Revenue Cycle Steering Committee, Continued

- RSC meetings should be agenda driven
- Agenda should be consistent and reflect areas of administrative priorities
- Agenda components should include some of the following:
  - Review of Scheduled Outpatient Visits
  - Emergency Room Volume
  - Census
  - Claim Submission Volume
  - Daily Cash Receipts
  - Late Charges
  - Claims awaiting final coding
  - Clearinghouse Issues / Denial Concerns
  - Accounts Receivable Management
  - Scheduling Concerns
  - Customer Issues- Focus on the patient. Make interactions with the facility easy
    - Re-scheduling
    - Billing concerns

Revenue Cycle Steering Committee, More

- RSC meetings are dependent upon accurate and timely metrics
- The RSC should implement a Revenue Cycle Dashboard which provides multi-disciplinary revenue cycle diagnostics
- The metrics should allow the RSC to gauge current revenue cycle performance, identify areas for concerns and move resources to address gaps
- Revenue Cycle Dashboard components should include information such as:
  - Daily Revenue Total
  - Total Census
    - Inpatient
    - Observation
  - Total Discharges
  - Daily Cash Receipts
  - Clearinghouse Clean Claim Rate
  - Total Arrived Visits
    - Emergency Room
  - Daily Revenue by Department
    - MRI
    - CT
    - Emergency Room
    - Outpatient Lab

Revenue Cycle Steering Committee, Final

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- The hospital should leverage their report capability to obtain information that allows the RCS to:
  - Monitor changes by department
  - Focus on Late Charges
  - Incorporate Patient Status (IP / OBS / OP / ER / SDC)
  - Review cash flow by payor
  - Compare monthly utilization at the charge code level
  - Review payor mix changes by payor mix and patient status
  - Understand accounts receivable activity
  - Review clearinghouse top rejections
  - Understand Cash Flow implications of
    - Lower emergency room volume
    - Rescheduled Outpatient Surgery
    - Lower outpatient ancillary testing

Coding Concerns – Tales from the Field

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- Across the country, hospitals and physician practices are experiencing the following:
  - Increase in remote staffing
  - Inadequacies in technology to support remote activity
  - Staffing issues are forcing coders into new responsibilities
  - Assignment of incorrect “ presumptive diagnosis codes”
  - Misunderstanding of telehealth, remote visit and phone consultation code options
  - Difficulty in communicating with providers and clinicians to discuss issues with documentation

TELEMEDICINE

Telemedicine COVID-19 Updates

- COVID-19 Guidance changing rapidly
- Check the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) websites frequently
- Check for FAQs for current interpretation
- https://www.cdc.gov/
- https://www.cms.gov/newsroom

Telemedicine Options for COVID 19

- Several Options available depending on access to technology
- Telehealth
  - Refers to services with interactive technology (face to face internet connection)
  - Used to connect an originating site patient with a distant specialist or practitioner
- Telephone visits
  - Must be initiated by the patient
  - Separate codes for practitioners and other professionals
- Remote visits
- Virtual Check -in

Telemedicine Options - Telehealth Patient Location

- Originating site always reports HCPCS Q3014 – Originating Site fee
- Accepted by Medicare, Medicaid and most commercial payors
- Standard guideline includes requirement that patient must be in a facility or office
- Emergency waiver for COVID-19 removes location of originating site requirements for Medicare
  - Can be patient's home
  - Does not need to be rural area
  - Check with Advantage plans
- Waiver applies only to Federal requirements and does not apply to State requirements

Telemedicine Options - Telehealth Provider Coding and Billing

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Located in a Distant site	Report codes based on location	Billing requirements
• Physicians • Nurse practitioners (NPs) • Physician assistants (PAs) • Nurse-midwives • Clinical nurse specialists (CNSs) • Registered dietitians or nutrition professional • Others in attached link	• ED or Initial Inpatient: G0425-G0427 • Initial Critical Care: G0508 • Subsequent Inpatient or SNF: G0406-G0408 • Office or Outpatient: 99201-99215 • Pharmacological Management: G0459 • Others in attached link	• Modifier GQ signifies asynchronous technology • Place of Service 02

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Telemedicine Options – RHC and FQHC Remote Visit

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- Rural health clinic (RHC) and federally qualified health center (FQHC) can be originating site for Telehealth
- Cannot serve as distant site
- Separate code for RHC, FQHC provider servicing non face to face visit
- G0071 - Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

Telemedicine Options - Telephone Visits

- Must be initiated by the patient
- Unrelated to surgery or visit within the previous 7 days
- Not resulting in visit within 24 hours or the next available appointment
- Patient should be aware they are being charged
- Separate CPT codes for Practitioners and other professionals
- Medicare requires Healthcare Common Procedure Coding System (HCPCS)

Telemedicine Options – Medical Practitioner Telephone Visits

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- Provider Visits
  - 99441 - Telephone evaluation and management service by a physician or other qualified health care professional; 5-10 minutes of medical discussion
  - 99442 - Telephone evaluation and management service by a physician or other qualified health care professional; 11-20 minutes of medical discussion
  - 99443 - Telephone evaluation and management service by a physician or other qualified health care professional; 21-30 minutes of medical discussion

Telemedicine Options – Other Healthcare Professionals Telephone Visits

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For professionals "***who may not report the physician or other qualified health care professional E/M services*** (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians)."

- 98966 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian; 5-10 minutes of medical discussion
- 98967 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian; 11-20 minutes of medical discussion
- 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian; 21-30 minutes of medical discussion

Telemedicine Options – Practitioner Online Visits

- Patient must initiate service
- The communication should be performed through HIPAA-compliant platforms, like an electronic health record portal or secure email
- Do not report within 7 days of a visit for the same issue
- Online digital evaluation and management service, for an established patient, Up to 7 days, cumulative time during the 7 days;
  - 99421 - 5-10 minutes
  - 99422 - 11-20 minutes
  - 99423 - 21 or more minutes

Telemedicine Options - Online Visits Other Healthcare Professionals

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- For professionals "***who may not report the physician or other qualified health care professional E/M services*** (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians)."
- Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days;
  - 98970 - 5-10 minutes
  - 98971 - 11-20 minutes
  - 98972 - 21 or more minutes
- Check Payor requirements

Telemedicine Options – Online Visits Other Healthcare Professionals

- Description of CPT for other professions describes evaluation and management services
- Medicare reserves “evaluation” services for Physicians and NPPS
- Medicare created HCPCS to describe service by other healthcare professionals as “Assessment”
- Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days;
  - G2061 - 5-10 minutes
  - G2062 - 11-20 minutes
  - G2063 - 21 or more minutes

Telemedicine Options - Virtual Check-In

- Medicare reimbursement for established patient only
- Commercial and Medicaid may vary
- G2012 - Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient; 5-10 minutes of medical discussion

Telehealth Options for COVID 19 Payor Guidance

- Cigna - Customers with immunosuppression, chronic conditions or who are experiencing transportation challenges may be treated virtually by in-network physicians with those capabilities, through May 31, 2020.
- Aetna – zero copay for telemedicine. People diagnoses with COVID -19 will receive a care package
- Anthem recommends the use of telehealth
- BCBS varies state to state
- Cigna waiving all out of pocket costs associated with COVID 19 testing related visits including telehealth
- Geisinger waiving out of pocket costs and prior authorization for testing
- Guidance is evolving.

CODING CONCERNS

Coding Concerns – Code First Guidelines

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology
  - Sequence underlying condition (etiology) first and manifestation second
  - If manifestation codes have in the code title, “in diseases classified elsewhere” are never permitted to be first listed or principal diagnosis codes
    - Use in conjunction with underlying condition
    - Code underlying condition first
- “use additional code” – Two codes required to fully describe a single condition that affects multiple body systems
  - Sequencing should be etiology/manifestation

Coding Concerns – Presumptive Diagnosis

- Outpatient – Coders cannot capture presumptive, suspected or presumed diagnosis documented as
  - As evidenced by
  - Evidence of
- Inpatient can capture diagnosis documented as possible, probable or likely for conditions restated in the discharge summary, and not ruled out prior to discharge. Document thoroughly contribution to the severity of illness and risk of mortality to the patient
  - As evidenced by
  - Evidence of
  - Presumed
  - Likely
  - Probable
  - Suspected

Inpatient Coding Concerns – Principle Diagnosis

- Condition established to be chiefly responsible for the admission patient's admission requiring hospitalization
- Always review the entire medical record to establish principal diagnosis
- Code as if the condition exists if probable, suspected, or other such terms of uncertainty for unconfirmed principal diagnoses
- Codes for signs, symptoms, and ill-defined conditions should not be reported as principal if related definitive diagnosis has been established
- Two or more conditions equally meet principal reason. Sequence is determined by
  - Circumstances of admission
  - Therapy or treatment provided
  - *Code first* guidelines apply, or indices indicate otherwise
- Otherwise, either may be reported as principal

Coding Concerns – COVID 19 Guidance for Definitive Diagnoses

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- Pneumonia due to novel Corona Virus COVID -19
  - J12.89 – Other Viral Pneumonia *and*
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- Acute Bronchitis confirmed as due to COVID-19
  - J20.8 - Acute bronchitis due to other specified organisms, *and*
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- Bronchitis not specified as acute confirmed as due to COVID - 19
  - J40 - Bronchitis, not specified as acute or chronic, *and*
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Coding Concerns - COVID 19 Guidance for Definitive Diagnoses

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- Lower respiratory infection
  - J22 - Unspecified or acute lower respiratory infection with
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- Respiratory infection not otherwise specified
  - J98.8 - Other specified respiratory disorders, with
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- Acute Respiratory Distress
- J80 - Acute respiratory distress syndrome*, and*
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Coding Concerns – Guidance for Exposure to or Suspected COVID 19

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- Suspected COVID – 19 exposure
  - Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases
- Suspected COVID – 19 ruled out after evaluation
  - Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out
- Outpatient cases documented as suspected", "possible" or "probable" COVID-19, or signs and symptoms where a definitive diagnosis has not been established
  - Do not assign code B97.29
  - Assign code(s) explaining the reason for encounter
  - R05 - Cough
  - R06.02 - Shortness of breath
  - R50.9 - Fever, unspecified
  - Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases

Coding Concerns – Other COVID 19 Considerations

- Note: Diagnosis code B34.2, Coronavirus infection, unspecified is not appropriate for the COVID-19
- Confirmed cases have universally been respiratory in nature, so the site would not be “unspecified.”
- Educate providers to document history of immunosuppressive therapy
  - Z92.25 - Personal history of immunosuppression therapy

Coding Concerns – Supervising Remote Staff

Many coders are now working remotely.

This creates production, supervision, compliance and communication challenges.

A successful remote platform includes the following considerations:

- Be sure home computer is password protected
- Be sure to log off hospital site every time they leave their home office
- Coder emails when signing on
- Coder emails once a specific task is completed (i.e. worklists, work queues, 1 DOS)
- Coder emails when breaking and returning for lunch
- Coder emails when signing off for the day
- Verify the email is secure in order to send and respond to questions that contains protected health information (PHI)
- Use a product such as GoToMeeting to allow direct communication while both parties are in specific accounts

COVID 19 Laboratory Testing

- AMA CPT Effective March 16, 20020
- 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
  - Potential CDM description:
  - IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ
- HCPCS Effective April 1, 2020
  - U0001 – CDC Lab testing COVID 19 (SARS COV-2)
    - Medicare reimbursement $36.00
  - Potential CDM description:
  - SARS-COV-2 COVID-19 CDC AMPLIFIED PROBE TQ

  - U0002 – Non-CDC lab testing COVID 19 (SARS COV-2)
    - Medicare reimbursement $51.00
  - Potential CDM description:
  - SARS-COV-2 COVID-19 NON CDC AMPLIFIED PROBE TQ

- Use Revenue Code 302 for all three codes

BUSINESS OFFICE CONCERNS

Business Office Concerns – Tales from the Field

- Across the country, hospitals and physician practices are experiencing the following:
  - Increase in remote staffing
  - Inadequacies in technology to support remote activity
  - Staffing issues are forcing staff into new responsibilities
  - Cross training is becoming critical to claims processing
  - Clean claim rates are becoming paramount
  - Capabilities are being stretched and staff is falling behind
  - Communication between leadership and remote staff is becoming challenging
  - The crisis is compounding existing issues:
    - Training
    - Proficiency
    - Revenue Cycle Involvement

Business Office Concerns, Continued

- Business office consistency, quality and attention to detail is critical to ensuring the financial viability of the organization
- Steps to ensure success
  - Aggressively work current AR to ensure claims are addressed in a timely fashion
  - Review, adjudicate, and trend claim edits
  - Review clearinghouse edits and address
  - Identify departments and accounts which are contributing to late charges and address process concerns
  - Review payor specific guidance for COVID-19 and educate staff
  - Prepare for increased denials. Prepare to appeal:
    - Unlisted diagnoses
    - Pre-authorization required
    - Guidelines relaxed for COVID-19 but diagnosis may be Flu

Billing Office Concerns – Supervising Remote Staff

Many business office staff members are now working remotely.

This creates production, supervision, and communication challenges.

A successful remote platform includes the following considerations:

- Every day should start with a staff conference call if possible, or individual calls if necessary, to set expectations for the day
- Be sure home computer is password protected
- Be sure to log off hospital site every time they leave their home office
- Notify leadership when staff begins work
- Create a formal process for identification of completed tasks (i.e. worklists, work queues)
- If electronic claim submission and clearinghouse claim processing is remote, activate a report to identify claim size, rejects and adjudication of failed claims
- Create shared drive, on hospital server, for logging of issues, questions, logs…
- Staff emails leadership when they log on and off for lunch
- Staff emails when signing off for the day per hospital policy
- Verify the email is secure in order to send and respond to questions that contains PHI
- Use a product such as GoToMeeting to allow direct communication while both parties are in specific accounts
- Communicate. Communicate. Communicate.

In Summary

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- The foundation of your revenue cycle is being tested
- Success will not happen by accident
- Success will depend on clear metrics and full involvement
- Administration must make access to data and provision of information a priority
- Staff must have an ability and skill to monitor and stay abreast of changing regulations, payor guidelines and policies
- Implement a Revenue Steering Committee to ensure that all aspects of the revenue cycle are measured and managed
- Focus on the impact to your patients. Make communication, rescheduling and access simple and easy.
- Review telehealth and telemedicine guidelines and implement solutions that make sense to the organization and community
- Communicate across all platforms. Make sure problems are addressed and resolved.
- **Constant informed action is the key. The only way to improve is to focus, communicate and innovate.**

Questions?

Resources

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- https://www.cms.gov/Medicare/Coding/ICD10/.../2016-ICD-10-CM-Guidelines.pdf
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
- https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test
- https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/
- https://www.mwe.com/insights/cms-releases-updated-guidance-on-emtala-requirements-and-covid-19-implications/
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1026cp.pdf
- https://www.ama-assn.org/delivering-care/public-health/new-cpt-code-covid-19-testing-what-you-should-know

What Is Stroudwater Revenue Cycle Solutions?

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- **Stroudwater Revenue Cycle Solutions** was established to help our clients navigate through uncertain times and financial stress. Increased denials, expanding regulatory guidelines and billing complexities have combined to challenge the financial footing of all providers.

- Our goal is to provide resources, advice and solutions that make sense and allow our clients to take action.

- We focus on foundational aspects which contribute to consistent gross revenue, facilitate representative net reimbursement and mitigate compliance concerns. Stroudwater Revenue Cycle Solutions helps our clients to build processes which ensure ownership and accountability within their revenue cycle while exceeding customer demands.

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