



**Windham Brannon &
Salud Revenue
Partners Present**

**COVID 19 FOR THE
HEALTHCARE INDUSTRY**

May 14, 2020



Updates CMS Accelerated /Advanced Payment Programs & COVID-19 Funding

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CMS Updates / Accelerated & Advance Payment Program

- CMS reevaluating Amounts Paid Under Accelerated Payments
- Advanced Payments to Part B Suppliers Suspended
- No new Applications being Accepted
- Pending Applications Evaluated in Light of Provider Relief Fund

Available COVID-19 Funding

Hospital Grants Available

- CARES Act
- Eligible Assistance Through FEMA /Disaster Relief

Available COVID-19 Funding

Track & Monitor all Costs & Related Reimbursements

- Track all Covid-19 Costs
- Direct Patient Costs
- Indirect Costs Related to Staff/Patients/Families
- Identify Reimbursements from Payers/Patients
- Track Lost Revenues due to Covid-19

Additional References

- FEMA published list of eligible protective measures
 - <https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures>
- FEMA guidance for setting up cost centers to track related costs
 - https://www.fema.gov/media-library-data/1525468328389-4a038bbef9081cd7dfe7538e7751aa9c/PAPPG_3.1_508_FINAL_5-4-2018.pdf
- HHS guidance for reporting lost revenues
 - <https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf>



Current CMS changes to Telehealth Services

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CMS Telehealth Updates

CMS has taken some aggressive actions when responding to the Public Health Emergency due to the COVID-19.

Most updates and changes are retro effective back to
March 1, 2020

Some of the newest actions were:

Providers Eligible to perform Telehealth

- April 30th brought good news to many providers who previously were not eligible per CMS to perform and be paid for telehealth services.
- The newest update states ‘For the duration of the PHE, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services. The waiver of these requirements expands the types of health care professionals to include all those that are eligible to bill Medicare for their professional services.’
- With this waiver, it would now include Physical Therapists, Occupational Therapists and Speech and Language pathologists to be able to perform telehealth services.

Adding More Services

- CMS previously added 80+ additional CPT codes to the already comprehensive list of eligible Telehealth (Audio & Video) Services.
- On April 30th the list expanded even more. This time adding not only Audio & Video services, but also just audio services.
- Some of the new services recently added were Eye Exams, Cochlear Implant follow up, Vent management, Behavioral Health and Rest Home Visits
- The newly added services are mostly all Telehealth (Audio & Video) services but they have made changes to some previous codes to show that they can now be performed as audio only!

Adding More Services

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- A new column was added to indicate service can be audio only.
- *** Keep in mind all services listed on Telehealth listing will need 95 modifier!

LIST OF MEDICARE TELEHEALTH SERVICES			
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?
77427	Radiation tx managem	Temporary Addition for the PHE for the COVID-19 Pandemic	
90785	Psytx complex interactive		Yes
90791	Psych diagnostic evaluation		Yes
90792	Psych diag eval w/med srvc		Yes
90832	Psytx w pt 30 minutes		Yes

Allowing for Telephone Evaluations

- CMS has now increased payment for Telephone Evaluation and Management services provided by physicians or other QHCP who may report E/M services and have added these codes to the Telehealth listing as well. Codes are cross walked over to established patient E/M levels.
- CPT codes 99441 5-10 mins Comparable to 99212 0.48 RVU
 99442 11-20 mins Comparable to 99213 0.97 RVU
 99443 21-30 mins Comparable to 99214 1.50 RVU

Changes have made payments go from \$14-\$41 to \$46 to \$110

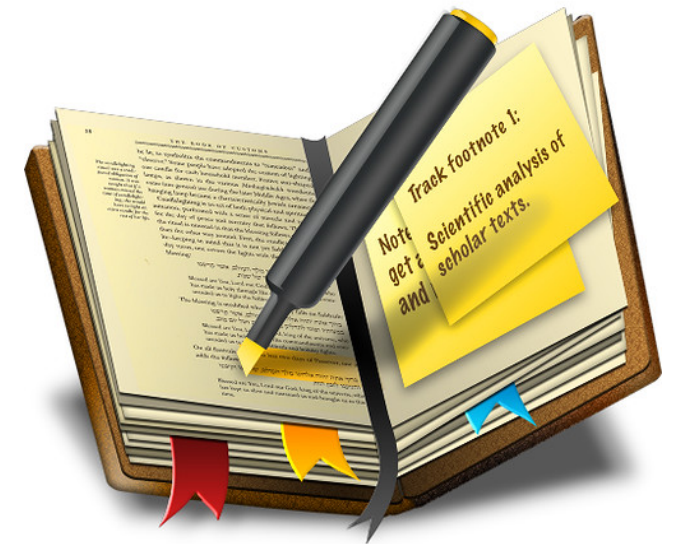
- ***Services may only be billed if issue addressed is not originating from a previous E/M service provided within the previous 7 days nor leading to a follow up E/M within next 24hrs and must be patient initiated.
- **Services will retro date back to March 1st, and will now be required to bill with 95 modifier.

Additional codes for COVID-19 testing

- CMS will now pay hospitals and practitioners to collect lab samples for COVID-19 testing.
- Previously CMS added G2023 & G2024 for collection of these tests to be billed by clinical diagnostic labs.
- Practitioners would bill 99211(collection occurred w/o seeing provider)
- Hospital Outpt. Dept. would bill new code C9803 (collection only and no other services were furnished)
- *** For the duration of PHE**

References

- <https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page>
- <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>
- <https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>



Other Updates..

- The HRSA portal to submit claims for uninsured COVID-19 patients opened on May 6th with problems
- As of May 13, 2020, unemployment increased to 36 million
 - Nearly half of “vulnerable workers” are on an employer-sponsored health insurance plan (most through parent or spouse)
- It is estimated that over 14 million workers will be eligible for Medicaid or subsidized healthcare insurance on the ACA marketplace
 - <https://healthpayerintelligence.com/news/14m-workers-in-vulnerable-industries-are-medicaid-aca-eligible>
 - The Urban Institute is urging assistance for unemployed workers living in non-expansion states by eliminating the 100% of FPL eligibility cut off
 - Kaiser Family Foundation has also suggested broadening eligibility and CMS waivers to grant flexibility to gain greater coverage for residents



Other Updates..

- A Patient Assistance Network (PAN) Foundation issue brief found that more than 6 million seniors (Medicare and Medicare Advantage) will face COVID-19 treatment out-of-pocket expenses
 - For Traditional Medicare, testing and the future vaccine have no cost-sharing
 - But any treatment after a positive diagnosis (telehealth, admission, medication, etc.) could result in out-of-pocket costs
 - For Medicare Advantage plans, out-of-pocket costs will depend on the payer's policies
 - PAN has recommended to CMS that they cap out-of-pocket prescription drug costs





Other Updates..

- The AMA and Coalition of Medical and Business Organizations made recommendations to Congress to consider in the next round of legislation
 - Prioritize maintaining private health benefits for individuals and families
 - Increase coverage options for those already insured
- Provide employers with temporary subsidies to preserve health benefits
- Cover COBTA coverage costs to former employees
- Expand the use of Health Savings Accounts (HSAs)
- Open a special enrollment period for health insurance marketplaces
- Increase eligibility for marketplace federal subsidies



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