Q: Does Medicare require an order for Flu testing?

A: Because the symptoms for influenza and COVID-19 might present in the same way, Medicare has also removed the treating physician and NPP ordering payment requirements for clinical diagnostic laboratory tests for influenza virus and respiratory syncytial virus, a type of common respiratory virus. The ordering requirement is removed only when these tests are furnished in conjunction with a COVID-19 clinical diagnostic laboratory test as medically necessary in the course of establishing or ruling out a COVID-19 diagnosis. (6/19)

COVID-19 FAQs

Q: What about specimen collection for COVID-19?

A: “Hospital outpatient departments can use new HCPCS code C9803 to bill for a clinic visit dedicated to specimen collection.”

“Physician offices can use CPT code 99211 when office clinical staff furnish assessment of symptoms and specimen collection incident to the billing professional’s services for both new and established patients.” (Only if this is the only service provided at the clinic)

COVID-19 FAQs

Q: Does Medicare pay for COVID-19 testing pre-op or pre-procedure?

A: “If a COVID-19 clinical diagnostic laboratory test is performed prior to a procedure and billed separately, it is not bundled into the payment for the procedure. Specifically with regard to the hospital setting, if the hospital is billing for specimen collection for the COVID-19 clinical diagnostic laboratory test along with another hospital service, the payment for the specimen collection would be packaged into that of the procedure.” (6/19)
Telecommunication is not always considered “telehealth”

When a patient receives outpatient services via telecommunications the hospital does not bill for telemedicine with Q3014.

Bill with the OP service provided and modifier PO and condition code DR.

Virtual hospital outpatient services provided to patients in their homes include:

- Physical, Occupational and Speech therapy
- Diabetic teaching
- Mental health counseling
- Other education services

Register the patient as an outpatient just as you normally would face to face.

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COVID-19 FAQs

Q: How does a hospital apply for the temporary extraordinary relocation for off-campus services?

A: There is a new streamlined process outlined in the second IFC for this.

If you do not apply for the temporary expansion you would bill your outpatient telecommunication services with a modifier PN instead of the PO and would be paid under the PFS not OPPS.

See pages 29-38 for how to apply and where.
COVID-19 FAQs

Q: How should the CS modifier, which removes application of beneficiary cost sharing (deductible and co-payment), be applied to telehealth services and/or E/M visits?

A: The CS modifier should be applied for certain evaluation and management services related to COVID-19 testing. These services are medical visits for the HCPCS evaluation and management categories.

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test.

COVID-19 FAQs

The FAQs cover in detail the following topics:

- Lab testing codes
- IPPS payments
- PHP services
- Ambulance services
- Home Health
- Telehealth
- Scope of practice
- ACOs
- Home infusion services
- SNFs
- and more.....

LAB REPORTING

Required for everyone doing the testing for COVID-19

Report required within 24 hours of result

Methods of reporting allowed:
- State or Local Health Departments using either HL7 or the CDC format
- To state or local through a centralized platform where data would be routed to the state or local HD
- Through an HIE that routes info to the state or local HD

LAB REPORTING

Required data elements:
- Test using LOINC codes
- Device identifier
- Result using LOINC and SNOMED codes
- Date of result
- Specimen ID
- Patient age, race, ethnicity, sex, zip code, county of residence
- Provider name and NPI, zip code
- Specimen source Using LOINC, SNOMED-CT or SPM4
- Date test ordered
- Date specimen collected
LAB REPORTING

Additional data elements of demographics may be requested by state or local agencies but not by the CDC.

- Make every effort to gather this data. When info is not available, providers and labs should consider leveraging other resources like an HIE or HIN to obtain missing information.
- All of this information should go with the specimen if using an outside lab.

LAB REPORTING

The following data fields should be marked in your EHR as "ask on order entry"

1. First test (Y/N/U)
2. Employed in healthcare? Y/N/U
3. Symptomatic as defined by CDC? Y/N/U; if yes, then Date of Symptom Onset mm/dd/yy
4. Hospitalized? Y/N/U
5. ICU? Y/N/U
6. Resident in a congregate care setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting): (Y/N/U)
7. Pregnant? Y/N/U

**QUESTIONS?**

If you have any questions about this training, contact:

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Or

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