Health Care Compliance Association (HCCA)
2021 Clinical Practice Compliance Conference

Coding During the Pandemic

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Cathy A. Jefferson, MBA, CHC, Senior Compliance Officer
University Hospitals Physician Services (UHPS)

University Hospitals
Cleveland | Ohio

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INTRODUCTION

University Hospitals (UH)
Cleveland Medical Center
Cleveland, Ohio

- Serves 16 counties in Northeast Ohio.
- Nationally recognized academic medical center, including leading children's and cancer hospitals (UH Rainbow Babies & Children's Hospital and UH Seidman Cancer Center).
- 24 hospitals and over 200 physician offices.
- Recognized 9 times as World's Most Ethical Company by Ethisphere Institute.

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AGENDA

- COVID-19 Timeline
- Documentation
- Coding Guidance & Scenarios
- HIPAA and TeleHealth
- UH Cleveland Medical Center Coding Team
- Datamining & Benchmarking Reports
- COVID-19 and Social Media

Source: Social Media Statistics

COVID-19 Timeline

• December 31, 2019	COVID-19 was first reported.
• Jan 30, 2020	World Health Organization (WHO) declared a public health emergency.
• February 11, 2020	WHO announced formal name – COVID-19.
• March 11, 2020	WHO declared COVID-19 a pandemic.
• March 29, 2020	Guidelines issued for Social Distancing.
• April 3, 2020	CDC recommends use of facemasks.
• December 18, 2020	FDA authorizes Moderna's COVID-19 vaccines.

Office for Civil Rights (OCR) Timeline

- February 3, 2020 — Published a bulletin discussing the privacy rule in the context with COVID-19.
- March 15, 2020 — Limited HIPAA Waiver
- April 2, 2020 — Enforcement discretion will be exercised and financial penalties not imposed on health care providers or BA for good faith uses and disclosures of PHI for public health and health oversight activities during the pandemic.
- April 9, 2020 — Notice of Enforcement Discretion covering the good faith operation of COVID-19 community based testing sites.

From the Coding Department….

Reference:

Documentation Starts with the Medical Record

- Your medical record is a medical and legal document. By law, you have the right to it -- including doctors' notes -- and the right to correct a mistake, which we call an amendment.
- First, understanding the critical importance of good documentation is key. Medical records are a crucial form of communication. There are three fundamental reasons to keep in mind when striving for excellent documentation:

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Communication

- It's a form of communication;
- Good documentation promotes continuity of care through clear communication between all members involved in patient care;
- The medical record is a way to communicate treatment plans to other providers regarding your patient;
- This ultimately ensures the highest quality of patient care. Conversely, poor records can have negative impacts on clinical decision-making and the delivery of care.

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Legal Document

- A medical record is a legal document.
- What you write is permanent.
- In the case of any legal proceedings, documentation is heavily scrutinized to help support an argument either way.
- Documenting sensitive discussions regarding limits of care, prognosis, and treatment decisions clearly and transparently is crucial.

Documenting your Service

- It's a document of service.
- This is a point often missed. Medical documentation is a document of service that has huge implications for hospital funding.
- Each issue that is documented is coded and then translated into a cost for the hospital system or practice.
- Thorough documentation of all medical issues and treatments is crucial.

From the Coding Department….

Reference:

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ICD-10-CM Coding Guidance

- The introduction of 2019-nCoV Coronavirus, in the United States has caused a large number of patients to be seen in our hospitals.
- Understanding how to appropriately capture information for data tracking and payment is vital.
- The National Center for Healthcare Statistics has developed a resource for International Classification of Diseases, Tenth Revision, Clinical Modification.

Reference: Coding during the COVID-19 Public Health Emergency, AAOP

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ICD-10-CM Coding Guidance

- COVID-19 attacks the respiratory system; therefore, suspicion of the disease typically will accompany respiratory conditions.
- A confirmation of COVID-19 will be linked to a specific respiratory condition.
- A few new codes were added for COVID-19 conditions. The new codes will supersede previous guidance.

Reference: Coding during the COVID-19 Public Health Emergency, AAOP

ICD-10-CM Coding Guidance

- The World Health Organization (WHO) developed an International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code for COVID-19: U07.1 COVID-19. The Centers for Disease Control and Prevention (CDC) adopted the code in March when the US government declared the COVID-19 pandemic a national public health emergency. The code became effective on April 1, 2020.

ICD-10-CM Coding Guidance

- We begin with the Official Coding Guidelines, which states that only confirmed cases of COVID-19 are coded U07.1. A confirmed case is defined as having either:
  - A positive COVID-19 test result;
  - Provider documentation that the individual has COVID-19.
- This definition accounts for the fact that the standard PCR and point-of-service rapid antigen tests for COVID-19 are reliable when positive but not so much when "negative."

ICD-10-CM Coding Guidance

- According to current coding guidelines, code U07.1 can be assigned for patients admitted with a positive COVID-19 test or manifesting an active infection.
- Patients readmitted with complications or residual effects of a previous COVID-19 infection are not coded with U07.1, because their infection is considered to be inactive or have "resolved." Symptoms can linger, evolve, or rebound, but these do not prove that the *virus* is still active or infectious.

ICD-10-CM Coding Guidance

- A negative result does not rule out COVID-19, because the window of time in which these tests can detect the virus is very limited (it must still be detectable in the upper respiratory tract).
- These false negative rates range from 20% to 60% depending on whether the patient has symptoms.
- Therefore, the provider can make a clinical decision whether the patient has COVID-19 infection, even if the test is negative or no test was performed.

American Academy of Pediatrics Coding During the COVID-19 PHE

ICD-10-CM Coding Guidance

- If the provider documents “suspected,” “possible,” “probable,” or “inconclusive” COVID-19, do not assign code U07.1.
- Assign a code(s) explaining the reason for encounter (such as fever) or **Z20.828**. Contact with and (suspected) exposure to other viral communicable diseases.

ICD-10-CM Coding Guidance

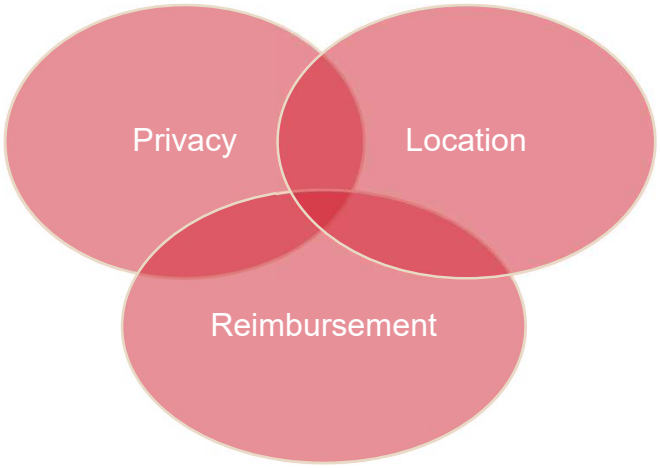
- When COVID-19 meets the definition of principal diagnosis, code **U07.1**.
- COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations.
  - Exception: Obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.
  - *For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock.*

ICD-10-CM Coding Guidance

- Exposure to COVID-19: For cases where there is a concern about a possible exposure to COVID-19, but ruled out after evaluation, assign code Z03.818. Encounter for observation for suspected exposure to other biological agents ruled out.
- For cases where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign code Z20.822. Contact with and (suspected) exposure to COVID-19.

HIPAA and Telehealth

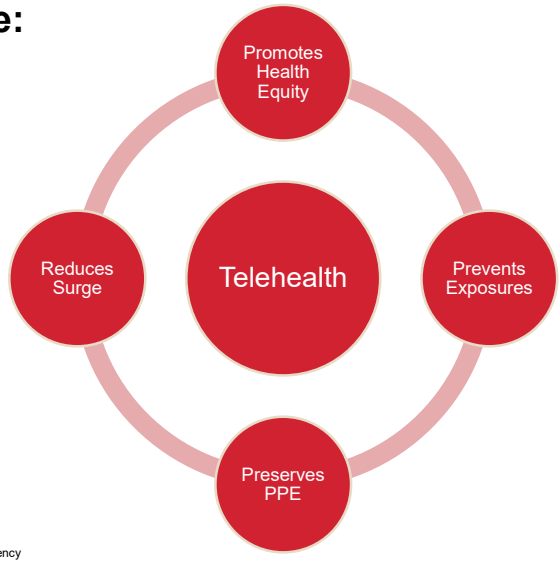
- HIPAA Flexibility to include new technology platforms.
- Federally qualified health centers (FQHCs) and rural health centers can serve as eligible sites.
- Waiver allowing healthcare providers to use telehealth wherever the patient is located.
- Providers may see new and established patients.



Reference: https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency

CDC's COVID-19 Telehealth Role:

- Collaborating with federal partners on new and evolving telehealth federal initiatives.
- Monitoring trends in telehealth usage with key telehealth partners.
- Exploring how telemedicine can improve health outcomes and reduce impact on healthcare facility surge.



Reference: https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Can I Use My Smart Phone or Video Conferencing

- Telephones that have audio and visual capabilities are appropriate for virtual evaluations.
- During the COVID-19 public health emergency, Office for Civil Rights (OCR) will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain everyday communications technologies. 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.
- DO NOT USE public-facing technologies (examples): Facebook Live, Twitch, and TikTok, etc.
- CAN USE (examples): Apple FaceTime, Skype, Facebook Messenger video chat, Google Hangouts video, and Zoom.

Test Your Coding Knowledge

- Three weeks ago, the patient was admitted for COVID-19 related respiratory problems, with a positive COVID-19 test result at that time. The patient was treated with Remdesivir and Dexamethasone and was discharged with a five-day prednisone pulse.
- Since being discharged, the patient had not been feeling well, and was readmitted with worsening cough, chest pain, and dizziness.
- Subsequent COVID-19 tests were negative; however, the provider's discharge diagnosis listed, "Pneumonia due to COVID-19 virus."
- Our infectious disease expert believes that the pneumonia should be coded as a sequela rather than as an acute manifestation of COVID-19 infection.
- Would pneumonia be considered an acute manifestation of COVID-19, a late effect/sequela of COVID-19, or is the COVID-19 coded as a personal history since the most recent COVID test is negative? What is the principal diagnosis, COVID-19 infection or pneumonia?

Test Your Coding Knowledge - ANSWER

- Assign code U07.1. COVID-19, as the principal diagnosis.
- Code J12. 82, Pneumonia due to coronavirus disease 2019, would be assigned as an additional diagnosis.
  - The Instructional Note under code U07.1 directs to use an additional code to identify pneumonia or other manifestations.
- Therefore, when a patient presents with an acute manifestation of COVID-19, such as pneumonia, code U07.1 is sequenced, as the principal or first diagnosis, regardless of whether the patient's most recent COVID-19 test is positive or negative.
- The Official Guidelines for Coding and Reporting for sequela state, "A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated."

Test Your Coding Skills

- ***Question:*** *Patient admitted with pneumonia and respiratory failure. Patient tested positive for COVID-19 infection 10 days ago.*
- ***Answer:*** Code U07.1 is assigned as the principal diagnosis, with the respiratory manifestations as secondary diagnoses. According to Coding Clinic, providers do not have to explicitly link the respiratory manifestation with COVID-19 since the causal relationship is implied. Common respiratory manifestations include pneumonia, lower respiratory infection, pneumothorax, acute respiratory failure, and ARDS. The test report should be accessed and included in the admission record.

Test Your Coding Skills

- *Patient is admitted with COVID pneumonia causing sepsis.* Assign A41.89 (viral sepsis) as principal diagnosis with U07.1 (COVID-19) and J12.89 (pneumonia due to COVID-19) as secondary diagnoses.
- *A patient who is 30 weeks pregnant is admitted with COVID-19.* Code O98.5 (other viral diseases complicating pregnancy, childbirth and the puerperium), is assigned as the principal diagnosis and code U07.1 with the associated manifestation(s) are secondary diagnoses.

Test Your Coding Skills - ANSWER

- ***Answer:*** Code U07.1 is assigned as the principal diagnosis, with the respiratory manifestations as secondary diagnoses. According to Coding Clinic, providers do not have to explicitly link the respiratory manifestation with COVID-19 since the causal relationship is implied. Common respiratory manifestations include pneumonia, lower respiratory infection, pneumothorax, acute respiratory failure, and ARDS. The test report should be accessed and included in the admission record.

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Test Your Coding Skills

- ***Question:*** *Patient presents to the urgent care with complaints of loss of smell, no taste, and fever of 100.2 degrees for two days. Due to patient symptoms provider orders a COVID-19 test and will call with the results in 24 hours. What ICD-10 codes should the coder select?*

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Test Your Coding Skills - ANSWER

- ***Answer:*** *Without a confirmed case of COVID-19 the coder would use ICD-10 that represent the sign and symptoms the patient is experiencing.*
- *The following would be used: loss of smell and taste R43.8, other disturbances of small and taste and fever R50.9, fever, unspecified.*

Effective January 1, 2021

- As a result of the ongoing COVID-19 public health emergency, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing additional codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting to include:
  - Encounter for screening for COVID-19 (Z11.52)
  - Contact with and (suspected) exposure to COVID-19 (Z20.822)
  - Personal history of COVID-19 (Z86.16)
  - Multisystem inflammatory syndrome (MIS) (M35.81)
  - Other specified systemic involvement of connective tissue (M35.89)
  - Pneumonia due to coronavirus disease 2019 (J12.82)

Coding During the Pandemic

- As the pandemic continues, there is additional stress and fear for coders worrying about their jobs and livelihoods. There are millions of people who have lost their jobs or been laid off due to lack of work because of the restrictions in place.
- Hospitals are not exempt from this circumstance as many are facing reduced income as elective procedures are cancelled, and coders are worrying if they will have enough work or will be laid off.
- These are just a few examples of the added stress coders—as many others cross the country and world—are facing as the pandemic unfolds.

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Coding During the Pandemic

- Everyone is dealing with this pandemic, and everyone is dealing with the impact of this virus. It is affecting everyone, from the smallest child to the oldest person.
- There has been a lot of talk about people who are moving to remote working and the struggle that they are having with it. While it might be easy to overlook those who have had to make adjustments that already telecommuted fulltime, they may be struggling as well
- Coders and health information professionals need to know that they are not alone when experiencing mental and emotional upheaval during this time knowing.
- The pandemic has impacted us all.

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Compliance & Ethics Coding Team

- Prior to the pandemic our coders were already working from home.
- When the call was made for the Compliance team to work from home, the coding team was ahead of the game.
- Although the team was working from home, the coders still had inperson meetings with providers and limited in person meetings.
- One of the ways the coding team have kept in touch has been transparent communication through our twice-weekly huddles led by our Director who provides information to the team.
- It has also been helpful to re-emphasize the resources at the coders' disposal, such our coding connections newsletter, which gives great information as it relates to new codes or other coding related changes.

Compliance & Ethics Coding Team

- Our Coding team audits
- Why do we audit?
- It is objective
- They provide you feedback on where you are missing opportunities
- They alert you when you are not coding correctly
- They provide you with honest education on how to improve
- **Provides an invaluable service to your practice – keeping you compliant is always the end goal!**

Steps Involved in Auditing

- The steps in any one of these audits is identical:
  - What is the scope?
  - Identify the sample to be used
  - Obtain the materials: documentation and coordinating claims etc.
  - What tools / resources are required?
  - Develop findings / report
  - Deliver results / communicate

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Steps Involved in Auditing

- Current coding books are the number one tools a certified professional medical auditor.
- Always use current books for the years being audited.
- If a post-payment audit is involved, an auditor may be using PAST books to support the claims billed.
- Use 2021 ICD-10-CM (already received, effective October 1, 2020)
- Use 2021 CPT Professional Edition (AMA version) (already received, but codes effective January 1, 2021)

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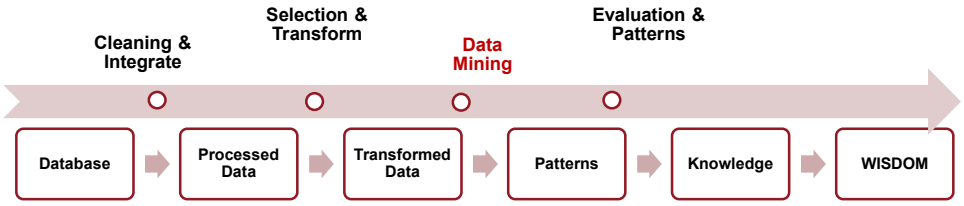
Steps Involved in Auditing

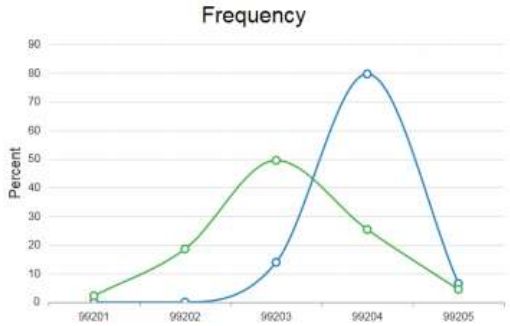
- 2021 HCPCS (will be mailed out in January)
- Always recommend internal audits should reflect a practice's payor mix
- This includes auditing for government and commercial payors
- This means pulling up all payor policies:
- Identify your MAC for Medicare – where are you?

Steps Involved in Auditing

- Analyze your own data – UH has datamining and benchmarking reports that are shared with providers….

Data Mining and Benchmarking





Data Mining:

- The process of analyzing data from different perspectives and summarizing it into useful information to gain knowledge
- This information may be used to highlight areas of risk, opportunities for revenue enhancement or both

Benchmarking:

- The process of understanding how your organization compares with similar organizations

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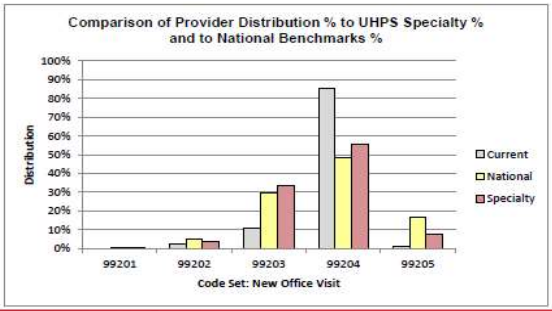
Sample Report

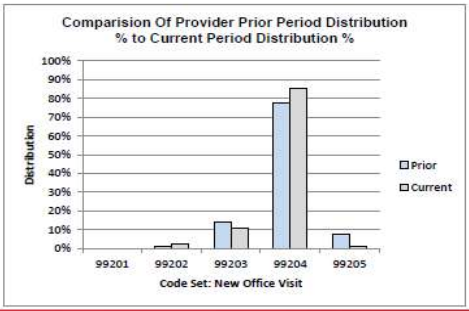
New Office Visit (10/1/2018-9/30/2019)

PROVIDER: UHPS CLINIAN
CMS BENCHMARK SPECIALTY: INTERNAL MEDICINE
SPECIALTY: INTERNAL MEDICINE
DEPARTMENT-DIVISION: MEDICINE-INTERNAL MEDICINE (UHPS Specialty Distribution rolled up to Department-Division)

CPT	Provider Billed Volume	Provider Distribution %	UHPS Specialty Distribution %	Difference Provider to UHPS Specialty %	National Benchmark %	Difference Provider to National Benchmark %
99201		0%	0%	0%	0%	0%
99202	2	2%	4%	-1%	5%	-3%
99203	9	11%	33%	-22%	29%	-19%
99204	71	86%	55%	30%	48%	37%
99205	1	1%	8%	-6%	17%	-15%
	83					

CPT	Prior Period Provider Billed Volume	Prior Period Provider Distribution %	Current Period Provider Billed Volume	Current Period Provider Distribution %	Difference Provider Current to Prior Period
99201		0%		0%	0%
99202	1	1%	2	2%	2%
99203	18	14%	9	11%	-3%
99204	99	77%	71	86%	8%
99205	10	8%	1	1%	-7%
	128		83		





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Provider "A" Data – Above Benchmarks

New Office Visit (10/1/2018-9/30/2019)

PROVIDER: UHPS CLINICIAN				
CMS BENCHMARK SPECIALTY: INTERNAL MEDICINE				
SPECIALTY: INTERNAL MEDICINE				
DEPARTMENT-DIVISION: MEDICINE-INTERNAL MEDICINE				

CPT	Provider Billed Volume	Provider Distribution %	UHPS Specialty Distribution %	Difference Provider to UHPS Specialty %	National Benchmark %	Difference Provider to National Benchmark %
99201	0	0%	1%	-1%	1%	-1%
99202	0	0%	2%	-2%	4%	-4%
99203	0	0%	22%	-22%	21%	-21%
99204	10	10%	39%	-29%	49%	-39%
99205	90	90%	36%	54%	26%	64%
	100					

Prepared by Mike Saleh, Sr. Informaticist-UHCMC

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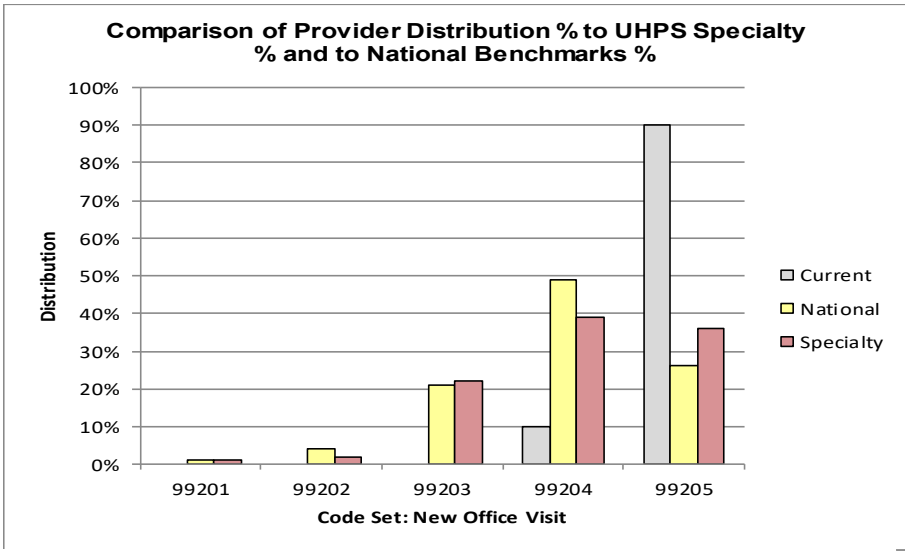
Provider "A" Graph – Above Benchmarks



Prepared by Mike Saleh, Sr. Informaticist-UHCMC

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Provider "B" Data – Below Benchmarks

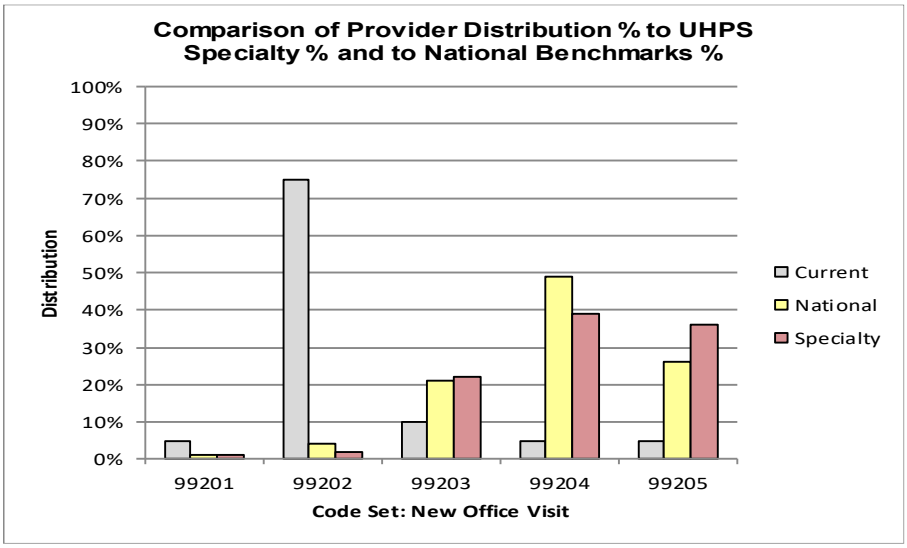
New Office Visit (10/1/2018-9/30/2019)

PROVIDER: UHPS CLINICIAN				
CMS BENCHMARK SPECIALTY: INTERNAL MEDICINE				
SPECIALTY: INTERNAL MEDICINE				
DEPARTMENT-DIVISION: MEDICINE-INTERNAL MEDICINE				

CPT	Provider Billed Volume	Provider Distribution %	UHPS Specialty Distribution %	Difference Provider to UHPS Specialty %	National Benchmark %	Difference Provider to National Benchmark %
99201	5	5%	1%	4%	1%	4%
99202	75	75%	2%	73%	4%	71%
99203	10	10%	22%	-12%	21%	-11%
99204	5	5%	39%	-34%	49%	-44%
99205	5	5%	36%	-31%	26%	-21%
	100					

Prepared by Mike Saleh, Sr. Informaticist-UHCMC

Provider "B" Graph – Below Benchmarks



Prepared by Mike Saleh, Sr. Informaticist-UHCMC

Provider "C" Data – Consistent with Benchmarks

New Office Visit (10/1/2018 - 9/30/2019)

PROVIDER: UHPS CLINICIAN					
CMS BENCHMARK SPECIALTY: INTERNAL MEDICINE					
SPECIALTY: INTERNAL MEDICINE					
DEPARTMENT-DIVISION: MEDICINE-INTERNAL MEDICINE					

CPT	Provider Billed Volume	Provider Distribution %	UHPS Specialty Distribution %	Difference Provider to UHPS Specialty %	National Benchmark %	Difference Provider to National Benchmark %
99201	0	0%	1%	-1%	1%	-1%
99202	5	5%	2%	3%	4%	1%
99203	20	20%	22%	-2%	21%	-1%
99204	51	51%	39%	12%	49%	2%
99205	24	24%	36%	-12%	26%	-2%
	100					

Prepared by

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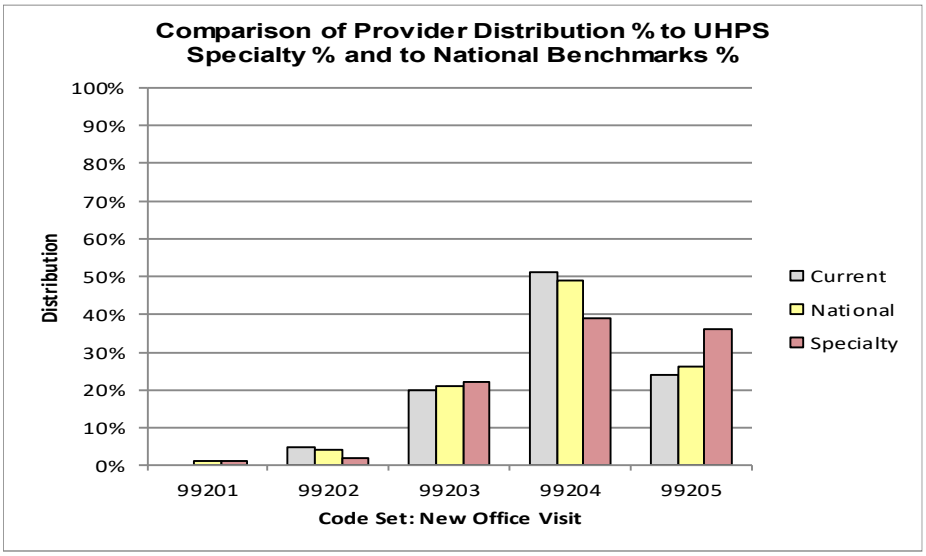
Provider "C" Graph – Consistent with Benchmarks



Prepared by Mike Saleh, Sr. Informaticist-UHCMC

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Provider "D" Data – Clustered

New Office Visit (10/1//2018-9/30/2019)

PROVIDER: UHPS CLINICIAN						
CMS BENCHMARK SPECIALTY: INTERNAL MEDICINE						
SPECIALTY: INTERNAL MEDICINE						
DEPARTMENT-DIVISION: MEDICINE-INTERNAL MEDICINE						

CPT	Provider Billed Volume	Provider Distribution %	UHPS Specialty Distribution %	Difference Provider to UHPS Specialty %	National Benchmark %	Difference Provider to National Benchmark %
99201	0	0%	1%	-1%	1%	-1%
99202	3	3%	2%	1%	4%	-1%
99203	95	95%	22%	73%	21%	74%
99204	2	2%	39%	-37%	49%	-47%
99205	0	0%	36%	-36%	26%	-26%
	100					

Prepared by Mike Saleh, Sr. Informaticist-UHCMC

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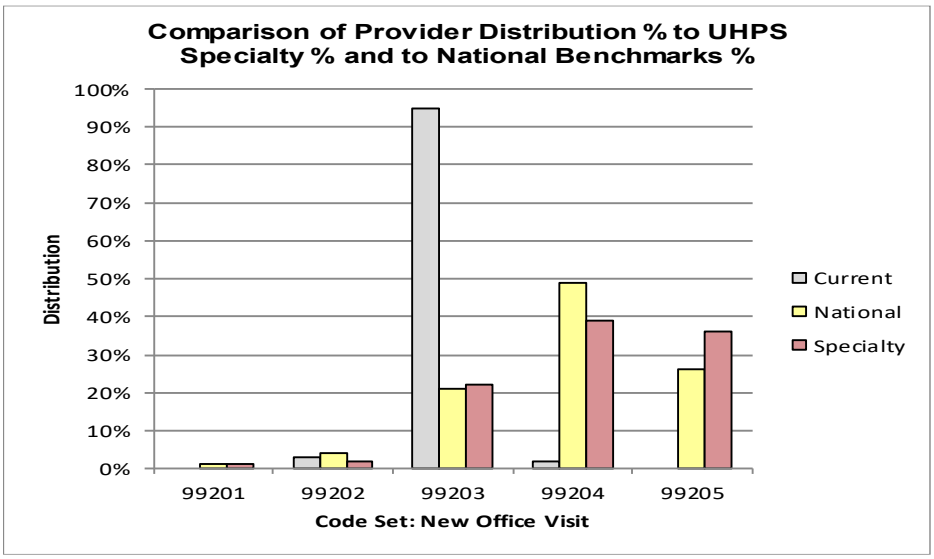
Provider "D" Graph – Clustered



Prepared by Mike Saleh, Sr. Informaticist-UHCMC

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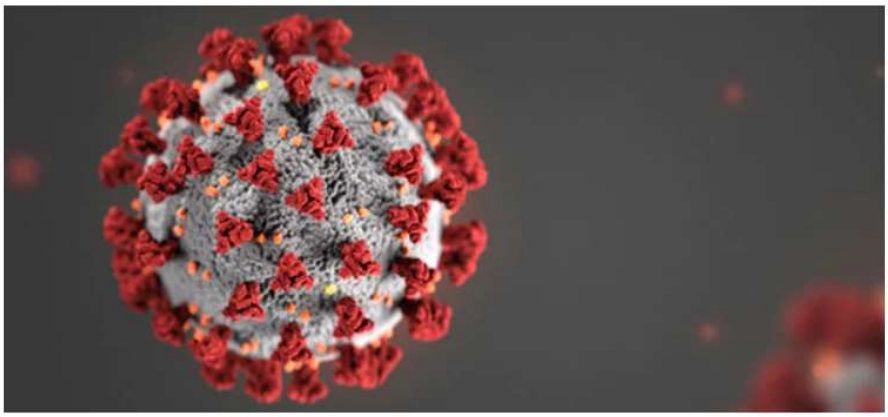
HIPAA and COVID-19



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.

https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

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Key Announcements from OCR (Office for Civil Rights)

- Enforcement discretion for telehealth
  - During the COVID-19 national emergency, providers my communicate with patients/provide telehealth services using technologies that may not fully comply with the requirements of the HIPAA rules.
  - OCR will not impose penalties for noncompliance with the regulatory requirements with the good faith provision of telehealth services.

Enforcement discretion is only applicable during the COVID-19 nationwide public health emergency.

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HIPAA Checklist for Remote Workers

- Ensure changes in remote environment due to pandemic has not placed HIPAA or other other security measures in danger such as children/spouses in home during work hours, viewing of passwords and accesses, PHI information by individuals previously not present during work hours.
- Transmittal of PHI information from remote computers.
- Evaluation of a BYOD (bring your own device) security for each remote environment/device.
- Evaluation of firewalls and VPN/network access to organizational systems.
- Ensure that all platforms, devices, systems and data for the organization meet minimum privacy and security standards.

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HIPAA Checklist for Remote Workers

- Maintain logs of remote access activity and review on a regular basis.
- Maintain a Media Sanitization Policy for the disposal of all PHI or devices containing PHI.
- Set policies in place for violation of any of the above policies.
- Maintain a log of all devices being utilized remotely by employees that access PHI including employee notification of any new devices.

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Coding the COVID-19 Vaccine

- Medical codes and guidelines for COVID-19 and related therapies did not exist a year ago, but with the global pandemic, healthcare industry leaders quickly adapted key medical code sets to account for the novel coronavirus.

Office for Civil Rights (OCR) Vaccine Appointments

- January 19, 2020 OCR will not impose penalties for potential HIPAA violations of healthcare providers and their business associates who use online or web-based scheduling applications to coordinate COVID-19 vaccine appointments when used in good faith.
- The enforcement discretion aims to help speed up the vaccination process for HIPAA covered entities.
- Covered entities are to continue using safeguards that protect privacy and security of individuals' protected health information, such as encryption and enabling all privacy settings.

CMS Issues Guidance on Vaccine

- CMS released a set of toolkits for providers, states and insurers to help the health care system prepare to swiftly administer the vaccine. These resources are designed to increase the number of providers that can administer the vaccine and ensure adequate reimbursement for administering the vaccine in Medicare, while making it clear to private insurers and Medicaid programs their responsibility to cover the vaccine at no charge to beneficiaries. In addition, CMS is taking action to increase reimbursement for any new COVID treatments that are approved by the FDA.

CMS Issues Guidance on Vaccine

- This toolkit includes information to describe:
  - How health care providers can enroll in Medicare to bill for administering COVID-19 vaccines;
  - The COVID-19 Vaccine Medicare coding structure;
  - The Medicare reimbursement strategy for COVID-19 vaccine administration;
  - How health care providers can bill correctly for administering vaccines, including roster and centralized billing.

CMS Issues Guidance on Vaccine

- **Mass Immunizers**: Mass immunizers can give flu, pneumococcal, and soon COVID-19 shots, to groups of individuals (like people who live in a retirement community). Mass immunizers can be a traditional provider, like a physician, or a non-traditional provider, like a drug store, public health clinic or senior center. We created the mass immunizer specialty for those providers who wouldn't otherwise be eligible for Medicare enrollment. Mass immunizers must submit all claims as roster billed professional claims.
- **Roster billing**: This is a way for you to submit multiple claims for flu, pneumococcal, and soon COVID-19 shots. If you're enrolled as a mass immunizer, you must use roster billing.
  - You must administer the same type of shot to 5 or more people on the same date of service. You must bill each type of shot on a separate roster bill. You can't combine flu, pneumococcal, and COVID-19 shot codes on the same roster bill.
  - It's quick and easy to use roster billing for flu, pneumococcal, and soon COVID-19 shots.

CMS Issues Guidance on Vaccine

- **Centralized Billers**: Centralized billing allows mass immunizers to send all roster bill claims for flu, pneumococcal, and soon COVID-19 vaccinations to a single Medicare Administrative Contractor (MAC), Novitas, for payment, regardless of where you administer the shots. Medicare makes geographic payment adjustments based on the locality where you administer the shot. You must submit all centralized biller claims as professional claims on a roster bill.

COVID-19 and Social Media

- Avoid posting your COVID-19 Vaccine Card.
- Sensitive information includes:
  - Name
  - Date of Birth
  - When you were vaccinated
  - Location

Reference Federal Trade Commission

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

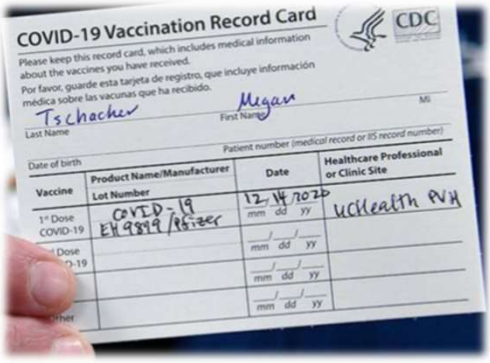
Last Name | First Name | MI

Date of birth | Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		___/___/___ mm dd yy	
2nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

COVID-19 and Social Media

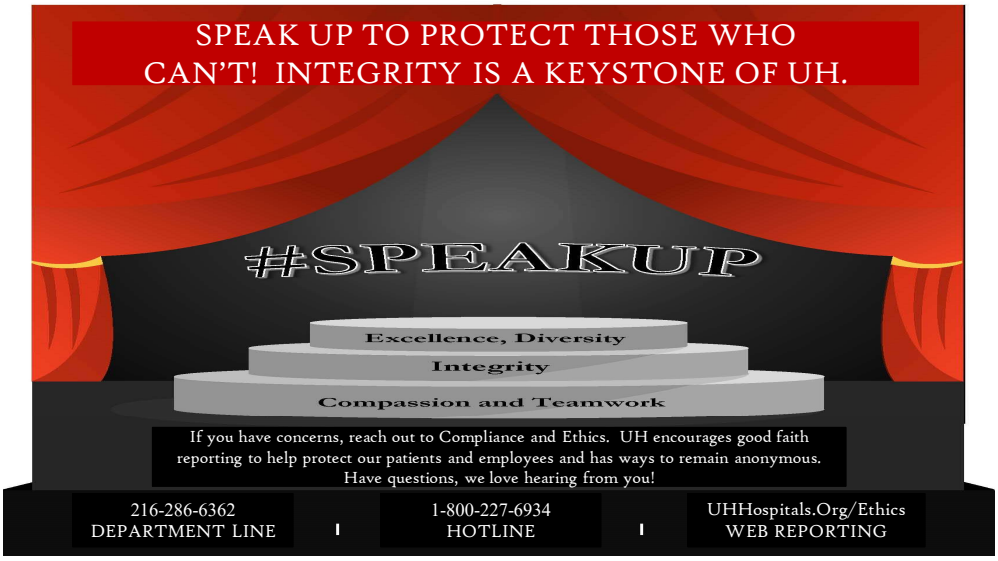
- The information on the vaccine cards is protected, but once an individual shares that via social media, it is no longer protected.
- Do not 'share' your card on social media because it increases vulnerability to identity theft and allows scammers to create fake versions.
- Identity theft works like a puzzle, made up of personal information. You don't want to give identify thieves the pieces they need to complete the picture.
- Remove from your media account any personal identifiable information.



COVID-19 and Social Media

- Review your privacy settings on your social network accounts.
- Review the people who are 'following' you and make sure you know them.
- HIPAA does not apply to disclosures by the media, but HIPAA does apply to disclosures to the media by HIPAA covered entities and their business associates.
- The information disclosed should be consistent with the patient's wishes.
- The information disclosed should be limited to the general condition of the named patient and their location in the facility.
- The status of the patient should be described in terms such as good, fair, serious, critical, etc.

UH Speak Up Culture



STAY SAFE

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Contact Information:

Cathy A. Jefferson, MBA, CHC
Senior Compliance Officer
Compliance & Ethics Department
3605 Warrensville Center Road
Shaker Heights, OH 44122
(216) 767-8240
Cathy.Jefferson@UHhospitals.org

University Hospitals
Cleveland | Ohio

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