

# COVID-19 and Epic: Patient Friendly Billing Guide

# COVID-19 and Epic: Preventing Improperly Billing Patients

On March 12, 2020, in a primetime coronavirus address, President Trump stated that health insurance industry leaders had agreed to “waive all copayments for coronavirus treatments.” Shortly thereafter, coronavirus patients began to complain to the media about health systems billing them for coronavirus testing and treatment.

Given the international attention focused on the COVID-19 pandemic and the recent sensitivity revolving around incorrectly billing patient responsibility, clients should consider avoiding collection of patient responsibility for COVID-19-related services, including holding statements until there is more clarity around what patients will owe.

## **Ensemble recommends that clients take the following steps:**

- Create a reason code for POS Non-Payment or Non-Collection. Several of our clients use custom items built into registration workflows, while other use the standard non-collection reason category list to track this. We recommend adding a reason of “COVID-19” to this category list and training staff responsible for collecting POS payments on when to select this value.
- Configure a CDM code in the procedure master file specific to the new COVID-19 CPT code, 87635. If certain payers require a charge using a HCPCS Level II code, you may need to set up alternate CPT code logic in the procedure master file.
- Work with your coding team to identify diagnosis codes that may indicate the presence of COVID-19 and make sure they are built in your diagnosis code master file. Ensemble recommends that our clients at least consider B97.29, Z03.818, Z20.828, and U07.1 as diagnoses used for potential Coronavirus cases.
- Create billing indicators that indicate if a patient has been tested, diagnosed, or has the COVID-19 POS collection status. Build a system actions to apply the billing indicators based on the presence of
  - o The previously mentioned procedure code for patients that have been tested
  - o The diagnosis codes for patients that have been diagnosed
  - o The POS Collection Status for patients that have been flagged by an associate during the POS collection process.NOTE: SBO organizations will want to be sure to also flag PB-only HARs.
- Single Billing Office (SBO) organizations should create a statement skip reason and associated rule looking for the presence of the previously created billing indicators.
- Non-SBO organizations will need to configure a PB statement intervention that looks for the COVID-19 CPT code, diagnoses, and POS non-collection status to hold PB statements, in addition to the HB statement skip configuration.

## **Please note the following before starting your Epic build:**

- The qualification criteria mentioned above are intentionally conservative to err on the side of billing patient responsibility correctly. This same rule criteria should not be used for reporting the number of confirmed COVID-19 cases.
- The configurations described in this document may require modification if CMS releases new guidelines regarding COVID-19.
- Each client’s Epic environment is different. All build must be thoroughly tested before it is moved to Production.
- These are complex and rapidly evolving issues, and it is not possible for all of the factors that may impact whether these procedures are suitable to be considered here. These suggestions should be carefully scrutinized by your organization to independently determine if they are appropriate for implementation. These recommendations do not create a contractual relationship and Ensemble is not responsible for any losses associated with implementing these procedures. You should consult with your revenue cycle provider about your organization’s individual circumstances. For further information regarding these issues, contact [Solutions@ensemblehp.com](mailto:Solutions@ensemblehp.com).

# COVID-19 Facility Coding Grid

## CPT/HCPCS Codes for Labs

CPT/HCPCS Code	CPT Description
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel at a CDC lab
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets) at a non-CDC lab
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

## Diagnosis Codes:

These are common diagnosis codes seen with COVID-19 (but is NOT all inclusive)

Diagnosis Code	Diagnosis Description	Rules
U07.1	COVID-19	<ul style="list-style-type: none"> <li>• Effective on April 1st</li> <li>• Should be sequenced first in most scenarios</li> <li>• Only to be used for confirmed cases (per CDC)</li> <li>• Can be used for physician documentation of a "pre-sumptive positive" test (per AHA)</li> <li>• Cannot be used for probable, suspected, etc.</li> </ul>
B97.29	Other coronavirus as the cause of diseases classified elsewhere	<ul style="list-style-type: none"> <li>• To be used for COVID-19 prior to April 1st (but is not specific to COVID-19).</li> <li>• Not to be used in addition to U07.1</li> </ul>
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	<ul style="list-style-type: none"> <li>• A code from category Z03 is assigned when a person is suspected of having a condition, without signs or symptoms, and after examination and observation, the condition is ruled out.</li> <li>• If a definitive diagnosis exists, then it should be coded instead</li> <li>• If other (non-related) signs/symptoms exist, then those should be coded.</li> </ul>
Z20.828	Contact with and (suspect-ed) exposure to other viral communicable diseases	<ul style="list-style-type: none"> <li>• For someone with no signs/symptoms but they have been exposed to someone with COVID-19</li> </ul>

## Common DRGs - BEFORE APRIL 1st

Please note that COVID-19 will not link to a specific DRG as the scenario will vary by patient. That being said, the most common DRGs that we will see are as follows:

MS-DRG	FY 2020 FINAL Post-Acute DRG	FY 2020 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
177	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8912	5.5	6.9
178	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2433	4.2	5.1
179	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	0.8661	3.1	3.8
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1440	3.6	4.5
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.8928	3.0	3.6
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7092	2.4	2.9
193	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W MCC	1.3335	4.2	5.2
194	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W CC	0.8886	3.2	3.8
195	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	0.6821	2.6	3.0
196	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W MCC	1.6754	4.8	6.2
197	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W CC	1.0215	3.2	4.0
198	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7550	2.4	2.9
199	No	No	04	MED	PNEUMOTHORAX W MCC	1.7941	5.2	6.7
200	No	No	04	MED	PNEUMOTHORAX W CC	1.0821	3.3	4.2
201	No	No	04	MED	PNEUMOTHORAX W/O CC/MCC	0.7180	2.4	3.0
202	No	No	04	MED	BRONCHITIS & ASTHMA W CC/MCC	0.9480	3.0	3.7
203	No	No	04	MED	BRONCHITIS & ASTHMA W/O CC/MCC	0.6938	2.3	2.8
204	No	No	04	MED	RESPIRATORY SIGNS & SYMPTOMS	0.8125	2.2	2.8
205	Yes	No	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.6342	4.1	5.6
206	Yes	No	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.8725	2.4	3.1
207	Yes	No	04	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	5.7356	12.0	14.1
208	No	No	04	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	2.4841	4.9	6.8
870	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	6.3243	12.3	14.3
871	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	1.8663	4.8	6.2
872	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	1.0393	3.6	4.3

## Common DRGs - AFTER APRIL 1st

The ICD-10 MCE Version 37.1 R1 uses edits for the ICD-10 codes reported to validate correct coding on claims for discharges on or after April 1, 2020.

The ICD-10 MS-DRG Grouper software package to accommodate this new code, Version 37.1 R1, is effective for discharges on or after April 1, 2020.

Assignment of new ICD-10-CM diagnosis code U07.1, COVID-19, is as follows:

MS-DRG	FY 2020 FINAL Post-Acute DRG	FY 2020 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
177	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8912	5.5	6.9
178	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2433	4.2	5.1
179	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	0.8661	3.1	3.8
791	No	No	15	MED	PREMATURITY W MAJOR PROBLEMS	3.8062	13.3	13.3
793	No	No	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	3.9097	4.7	4.7
974	No	No	25	MED	HIV W MAJOR RELATED CONDITION W MCC	2.6739	6.3	8.7
975	No	No	25	MED	HIV W MAJOR RELATED CONDITION W CC	1.3420	4.1	5.5
976	No	No	25	MED	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.9142	3.0	3.9



**ENSEMBLE**<sup>®</sup>  
HEALTH PARTNERS

**Solutions born from experience, not theory.**  
Contact us to learn more at [Solutions@EnsembleHP.com](mailto:Solutions@EnsembleHP.com)  
or 704-765-3715.