



# VACHETTE™

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## HHS extends Provider Relief Fund reporting deadline

After initially asking providers who received a distribution from the Health and Human Services Provider Relief Fund (PRF) to report on the use of those funds by Feb. 15, HHS is now allowing recipients more time to report due to the ongoing Public Health Emergency (PHE) and changes brought about by the latest COVID relief package.

PRF recipients who received one or more payments exceeding \$10,000 in the aggregate will be required to report on several required data elements as part of the post-payment reporting process and are now being asked to register for an account.

Currently, there is no deadline for completing registration in the portal. Recipients will later receive a notification about when they should complete the second step of submitting reporting requirements information on the use of funds. HRSA will send a broadcast email to the email address you provide during the registration process.

Some of the data elements required for registration include:

- Tax ID Number (TIN) (or other number submitted during the application process (e.g., Social Security Number, Employer Identification Number (EIN))
- Business name (as it appears on a W-9) of the reporting entity
- Payment information for all PRF payments received.
- TIN(s) of subsidiaries (if a provider is reporting on behalf of subsidiary(ies) – in a list delimited by commas, e.g.,123456789,987654321,135791357)

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## Recent audit and coding news

- During a recent billing audit, we identified a case where nearly \$2,000 was written off by our client's biller after a payer denied a claim because it exceeded timely filing limits. While managing routine denials is a common part of medical billing, there's simply no excuse for allowing dollars to go down the drain for timely filing -- especially during the ongoing public health emergency.
- Don't forget,

## Free webinar: Strategies for maximizing Covid opportunities in 2021

Vachette CEO Mick Raich and VP of Client Services Ann Lambrix will discuss strategy for maximizing revenue opportunities in 2021 amidst the ongoing Covid-19 Public Health Emergency during our next webinar at 2 p.m., Tuesday, Feb. 9. From understanding early feedback on the U0005 add-on code to dissecting new surprise billing laws, this is one you won't want to miss. Sign up today

**MIPS deadline approaching**  
Don't forget, 2020 MIPS submissions are due by March 31. That includes Improvement Activity attestations for groups still reporting via the QPP portal.

## **2021 Clinical Lab Fee Schedule remains frozen at 2020 rates**

As a reminder, The 2021 Clinical Lab Fee Schedule (CLFS) rates have been frozen at 2020 levels. In 2022, test rates will be subject to cuts of up to 15% based on the initial PAMA reporting round. The next round of payer data (Jan-June 2019) will be reported by affected labs in the first quarter of 2022.

If you participated in a COVID-19 clinical trial in 2020, you're eligible to attest to the new corresponding high-weighted MIPS Improvement Activity.

## At Vachette, we specialize in consulting and auditing for labs and pathology practices

We have been working with hospitals, laboratories, and hospital-based groups for more than 16 years.

Visit [vachettepathology.com](http://vachettepathology.com), call 517-486-4262, or contact Mick Raich, CEO, at 517-403-0763. Our experience and expertise are second to none!



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## **PNPL Survey**

The Panel of National Pathology Leaders (PNPL), a national non-profit thinktank dedicated to advancing best practices in pathology and laboratory medicine, is soliciting input on a series of monthly pathology management roundtables to be held throughout 2021.

“PNPL Current Topics in Pathology Management” is a monthly virtual roundtable providing timely discussion of Pathology management topics. The attendees of the live event will hear a series of 5-10 minute presentations by a national subject-matter expert, followed by an opportunity to ask questions.

Potential attendees are invited to participate in a four-question survey to explore what topics they may be interested in hearing speakers address.

The mission of PNPL is to develop innovative strategies and solutions for the pathology and lab medicine industry in response to operational and financial challenges, and to demonstrate value in an increasingly value-based healthcare delivery system.

**--ACCESS THE SURVEY ONLINE HERE**

# HHS distributing \$24.5 billion in Phase 3 Provider Relief funding

Providers anxiously waiting for additional government funding to offset pandemic-related losses received a salve last month when HHS announced it is now distributing more than \$24 billion in Phase 3 Provider Relief Fund payments.

During this round, HHS prioritized applicants that had not already received a baseline payment of 2 percent of their annual revenue from patient care. HHS also enhanced the Phase 3 distribution to consider the actual revenue losses and expenses experienced by providers that were attributable to COVID-19. Because submissions for lost revenue exceeded HHS's initial expectations, the total Phase 3 distribution was increased to \$24.5 billion, up from the \$20 billion originally planned.

The funding will cover providers for up to 88 percent of their reported losses. More than 35,000 applicants will not receive an additional payment either because they experienced no change in revenues or net expenses attributable to COVID-19, or because they have already received funds that equal or exceed reimbursement of 88 percent of reported losses, according to a press release issued by HHS.

A state-by-state breakdown on the first batch of Phase 3 payments can be found here – PDF. This data will be updated through January as Phase 3 payments are completed. The state-by-state data is tied to the state in which a recipient's TIN is registered. Once the attestation is completed, providers will be listed publicly.

## Questions remain surrounding billing and coverage for workplace screening

One item that will hopefully soon be addressed by the Biden Administration is clarification regarding coverage for workplace screening as the industry has been seeing an increase in coverage denials from commercial health plans for Covid-19 testing.

We sometimes speak to prospective clients who believe this screening should be covered, per the CARES Act. However, it currently remains a major gray area that varies from payer to payer and hinges on items such as exposure and medical necessity. And while some payers may cover it now, that doesn't mean you'll be protected from take-backs down the line...



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### **Anthem reportedly undergoing Georgia DOI market conduct review, reports MAG**

The Medical Association of Georgia (MAG) is reporting that the Georgia Department of Insurance (DOI) may be conducting a review of Anthem's conduct within the state.

As part of this announcement, MAG is encouraging providers to report instances where Anthem has failed to live up to its contractual obligations to the DOI.

In a press release announcing this action, MAG Corporate Relations Director Ryan Larosa said the DOI and Commissioner John King have broad powers to protect consumers. Georgia law allows the commissioner to examine the conduct of any licensee when deemed necessary to protect the interests of the public.

Providers and their staff should contact DOI's Gregg Conley at [gconley@oci.ga.gov](mailto:gconley@oci.ga.gov) to report every instance that Anthem has not fulfilled its contractual obligations.

## **New COVID diagnosis codes now in effect**

The CDC has implemented additions to the ICD-10-CM that are effective Jan. 1, 2021 for conditions resulting from COVID-19. The new codes aim to provide easier monitoring and tracking of COVID-19 through the claims process.

"There is an ongoing and urgent need to capture more information about this condition in our surveillance data and the nation's health care claims," the CDC said in a press release announcing the new codes.

They 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)

ICD-10-CM interim coding guidance can be found at <https://www.cdc.gov/nchs/icd/icd10cm.htm>. If you're seeking additional guidance on how to utilize these new diagnosis codes, don't hesitate to reach out to us directly.

# 2021 Covid-19 coding updates, effective Jan. 1, 2021

## REMOVE:

- Z20.828 should NO LONGER BE USED for possible or suspected exposure to Covid-19 for dates of service (DOS) on or after Jan. 1, 2021.
- Z11.52 should NO LONGER BE USED for encounter screening.

## NEW:

### Pre-procedural testing:

- Primary code: Z01.812 – Encounter for pre-procedural laboratory examination.
- Secondary code: Z20.822 – Contact with and (suspected) exposure to other viral communicable diseases

### Suspected or actual exposure to Covid-19 – Symptomatic/Asymptomatic:

- Symptomatic Z20.822 – For symptomatic patients with actual exposure or suspected exposure to Covid-19 when the infection has been ruled out or test results are inconclusive or unknown.  
--Primary diagnosis should be Z20.822, while secondary codes should be signs and symptoms.
- Asymptomatic Z20.822 – For asymptomatic patients with actual exposure or suspected exposure to Covid-19. No additional diagnoses code is needed.

### Other new Covid codes:

- J12.82 – Pneumonia due to Covid-19
- M35.81 – Multi-system inflammatory syndrome
- M35.89 – Other specified systemic involvement of connective tissue
- Z86.16 – Personal history of Covid-19

### Use of signs and symptoms:

For patients presenting with signs and symptoms, such as fever or cough, assign the appropriate code(s) for either confirmed exposure or suspected exposure use Z20.822 along with a diagnosis code for each of the signs and symptoms that present, such as:

- R05 – Cough
- R06.02 – Shortness of breath
- R07.0 – Pain throat
- R09.81 – Congestion
- R43.9 – Loss of smell and taste
- R50.9 – Fever
- R68.83 – Chills without fever

## CONTINUE:

- U07.1 should continue to be used for confirmed cases of Covid-19 that will be reported to the CDC. This should only be used if Covid-19 has been confirmed!