



# Understanding How the COVID-19 Pandemic Will Impact Your Upcoming APCD Data Sets

## Onpoint User Group Session

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May 20, 2020

# Raising Questions & Requesting Materials

- **During the meeting**
  - Please send all general-interest questions via Zoom's comments panel
- **After the meeting**
  - Send client-specific and/or follow-up questions and requests for session materials to [events@onpointhealthdata.org](mailto:events@onpointhealthdata.org)
  - Visit our “Resources” page for future event listings at [www.onpointhealthdata.org/resources](http://www.onpointhealthdata.org/resources)

# Session Agenda

- COVID-19
  - New diagnosis and procedure codes
  - Status of reported COVID-19-related codes
  - Coding guidance
  - Telehealth visits
- Identifying COVID-19 in the claims
- Anticipating indirect changes to claims, costs, patterns of utilization, and access to care
- Evaluating the direct impact of COVID-19

# New Codes

## ICD Diagnosis Codes (1 of 2)

- World Health Organization (WHO)
  - Assigns names to diseases
    - » Virus = Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
    - » Disease = 2019-Novel Coronavirus (COVID-19)
  - Assigns ICD-10 codes
  - Declares use of emergency ICD-10 codes
    - » U07 series
    - » Temporary codes
    - » **U07.1 – 2019-Novel Coronavirus (COVID-19)**

# New Codes

## ICD Diagnosis Codes (2 of 2)

- WHO-assigned codes
  - U07.1 = 2019-NOVEL CORONAVIRUS (COVID-19)
    - » Confirmed by laboratory testing
  - **NEW:** U07.2 = COVID-19, VIRUS NOT IDENTIFIED
    - » Not confirmed by laboratory testing
- CDC National Center for Healthcare Statistics
  - Approve ICD-10 codes
  - U07.1 = 2019-NOVEL CORONAVIRUS (COVID-19)



# New Codes

## Reference Table – Diagnosis Codes

diagnosis_id	diagnosis_code	diagnosis_desc	icd_version_ind	begin_dt	end_dt
1052698	U071	2019-NOVEL CORONAVIRUS (COVID-19)	0	1/1/2020	12/31/9999
1052699	U072	COVID-19, VIRUS NOT IDENTIFIED	0	1/1/2020	12/31/9999

# New Codes

## Procedure Codes (CMS)

Payer	CPT/HCPCS	Description	Additional Information	Effective Date	Retroactive Date
Medicare	U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	CDC testing laboratories	4/1/2020	2/4/2020
Medicare	U0002	SARS-CoV-2/2019-nCoV (COVID-19)	Non-CDC laboratory tests	4/1/2020	2/4/2020



# New Codes

## Procedure Codes (AMA)

Payer	CPT/HCPCS	Description	Additional Information	Effective Date	Retroactive Date
Medicare	U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	CDC testing laboratories	4/1/2020	2/4/2020
Medicare	U0002	SARS-CoV-2/2019-nCoV (COVID-19)	Non-CDC laboratory tests	4/1/2020	2/4/2020
Commercial	87635	SARS-COV-2 COVID-19 AMP PRB		3/13/2020	Payer specific





# New Codes

## Reference Table – Procedure Codes

procedure_code_id	procedure_code	procedure_short_desc	procedure_code_type	begin_dt	end_dt
10056537	87635	SARS-COV-2 COVID-19 AMP PRB	CPT	1/1/2020	12/31/9999
10056536	U0001	(CDC) 2019 NOVEL CORONAVIRUS REAL TIME RT-PCR DIAGNOSTIC TEST PANEL	CPT	1/1/2020	12/31/9999
10056538	U0002	NON-CDC LABORATORY TESTS FOR SARS-COV-2/2019	CPT	1/1/2020	12/31/9999

# New Codes

## Coding Guidance

Claim Line	Payer	CPT/HCPCS Code	Description	Modifier
1	Commercial	87635	SARS-COV-2 COVID-19 AMP PRB	
2	Commercial	87635	SARS-COV-2 COVID-19 AMP PRB	59

# New Codes

## Coding Guidance

- U07.1 – 2019-NOVEL CORONAVIRUS (COVID-19)
- Coding of encounters related to COVID-19
  - Pneumonia
    - » J12.89 = Other viral pneumonia
    - » **B97.29** = Other coronavirus as the cause of diseases classified elsewhere
  - Acute bronchitis
    - » J20.8 = Acute bronchitis due to other specified organisms
    - » J40 = Bronchitis, not specified as acute or chronic
    - » **B97.29** = Other coronavirus as the cause of diseases classified elsewhere

# New Codes

## Coding Guidance

- Coding of encounters related to COVID-19
  - Lower respiratory infection
    - » J22 = Unspecified acute lower respiratory infection
    - » J98.8 = Other specified respiratory disorders
    - » **B97.29** = Other coronavirus as the cause of diseases classified elsewhere
  - ARDS (acute respiratory distress syndrome)
    - » J80 = Acute respiratory distress syndrome
    - » **B97.29** = Other coronavirus as the cause of diseases classified elsewhere

# New Codes

## Coding Guidance

- Coding of encounters related to COVID-19
  - Exposure to COVID-19
    - » Z03.818 = Encounter for observation for suspected exposure to other biological agents ruled out
    - » Z20.828 = Contact with and (suspected) exposure to other viral communicable diseases
  - Signs and symptoms
    - » R05 = Cough
    - » R06.02 = Shortness of breath
    - » R50.9 = Fever, unspecified

# New Codes

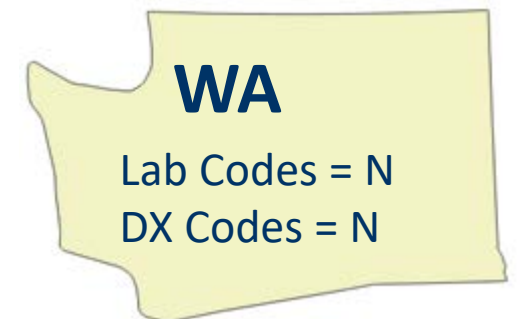
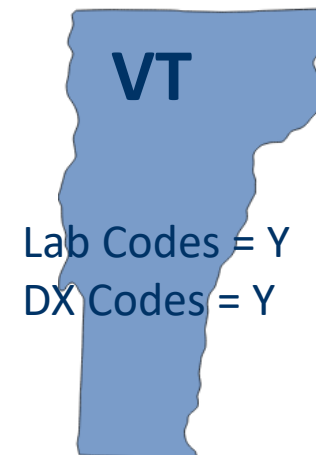
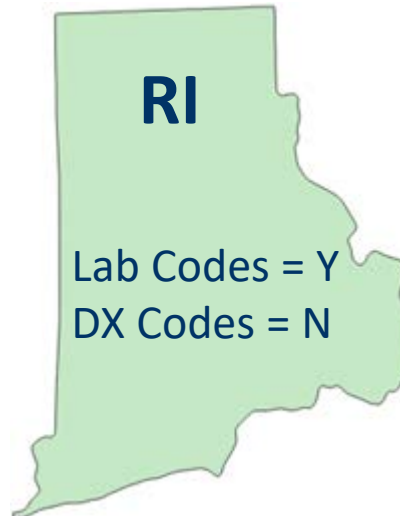
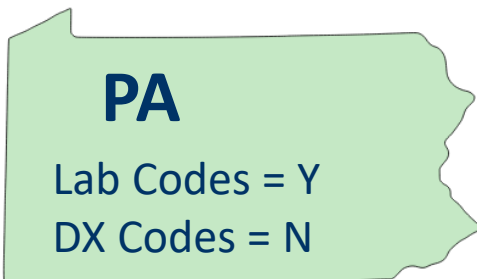
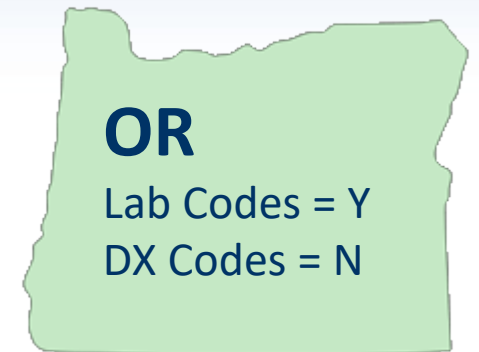
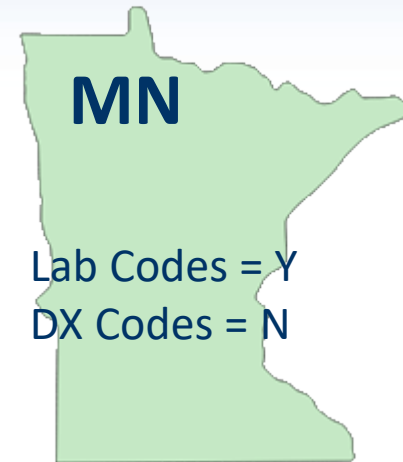
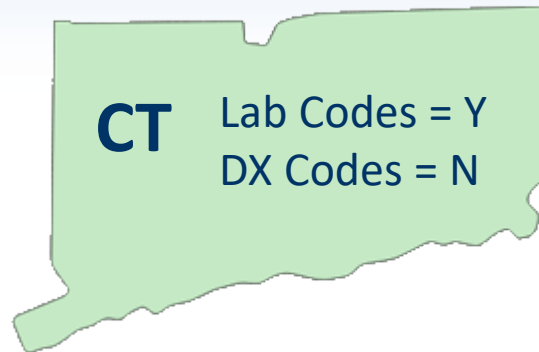
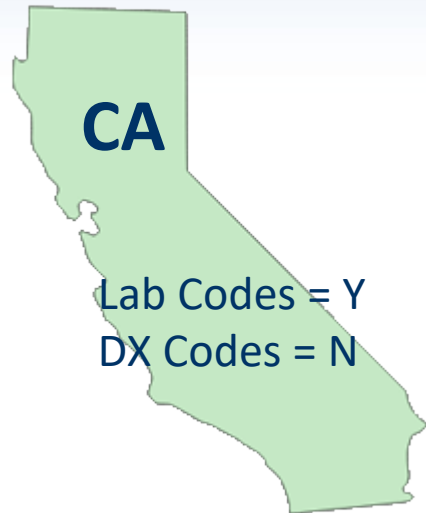
## Coding Guidance

- Caution
  - B97.29 = Other coronavirus as the cause of diseases classified elsewhere
  - Other coronavirus codes
    - » Example: B34.2 = Coronavirus infection, unspecified



# New Codes

## Q1/2020 Status of Reported COVID-19 Codes



# Coronavirus Disease (COVID-19)

## Advocacy & Payment

- Member responsibility amounts waived
- CMS Medicare
  - Modifier 'CS' = Cost Sharing
    - » No member responsibility assessed
    - » COVID related services
    - » Medicare retroactive dates of service 3/18/2020
    - » Commercial payers are encouraged to do the same



# Coronavirus Disease (COVID-19)

## Advocacy & Payment

- Retroactive coverage
- Coverage for the uninsured
- Telehealth
- Halting medical bills
- Prescription benefits
  - Allow 90-day maintenance prescriptions
  - Waive charges for home delivery
  - Waive early refill limits on 30-day prescription maintenance medications

# Telehealth Services

## Telehealth vs. Virtual Visit

### Telehealth Audio & Visual



### Virtual Visit

Audio



Visual



# Telehealth Services

## Procedure Codes

- Procedure codes
  - 98966 – 98969 = Non-physician Telephone Assessment
  - 99441 – 99444 = Physician Telephone Evaluation
- Procedure codes (Medicare)
  - G0425 – G0427 = Telehealth consultations, emergency department or initial inpatient
  - G0406 – G0408 = Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
  - G0459 = Telehealth Pharmacologic Management
  - G0508 to G0509 = Telehealth Consultation, Critical Care
  - Q3014 = Medicare telehealth originating sites facility fee

# Telehealth Services

## Coding Guidance

- Procedure codes (Medicare) – Public Health Emergency (PHE)

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Code	Short Description	Status	Can Audio-only Interaction Meet the Requirements?
99217	Observation care discharge	Temporary Addition for the PHE for the COVID-19 Pandemic	
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92002	Eye exam new patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	

# Telehealth Services

## Coding Guidance

- Caution
  - Additional codes listed not telehealth on their own
  - Require additional coding
    - » Place of service = '02': Telehealth
    - » Modifiers



# Telehealth Services

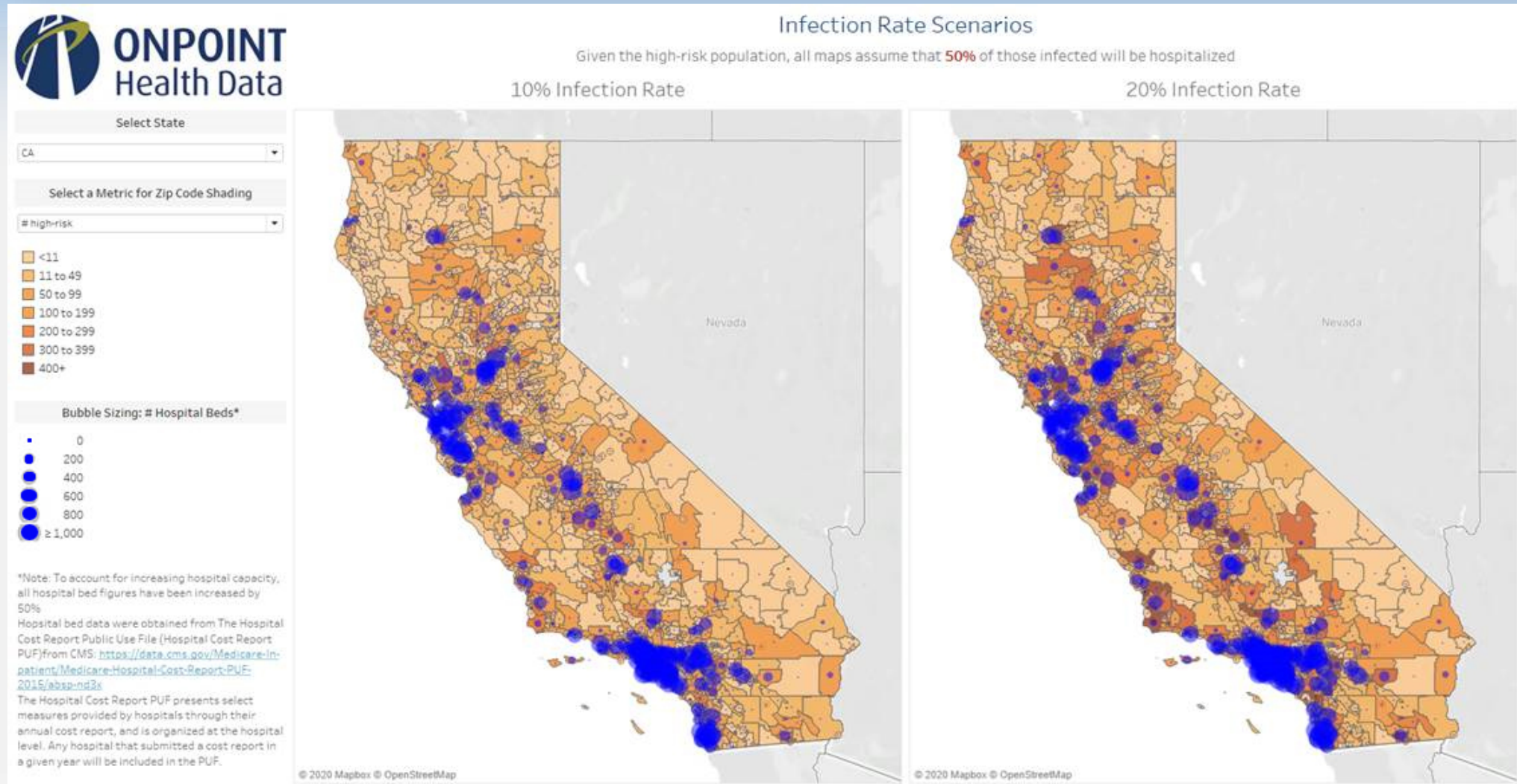
## Coding Guidance

- Modifier codes
  - GT = Via Interactive Audio and Video Telecommunication Systems
  - GQ = Via Asynchronous Telecommunications System
  - 95 = Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System
    - » Use with temporary telehealth allowed codes

# Coding Example: E&M Visit via Telehealth COVID-19 Related

Claim	CPT/HCPCS Code	Modifier	Modifier
1	99214		
2	99214	CS	
3	99214	CS	95

# Baseline Data on Serious Illnesses Can Help Planners Now



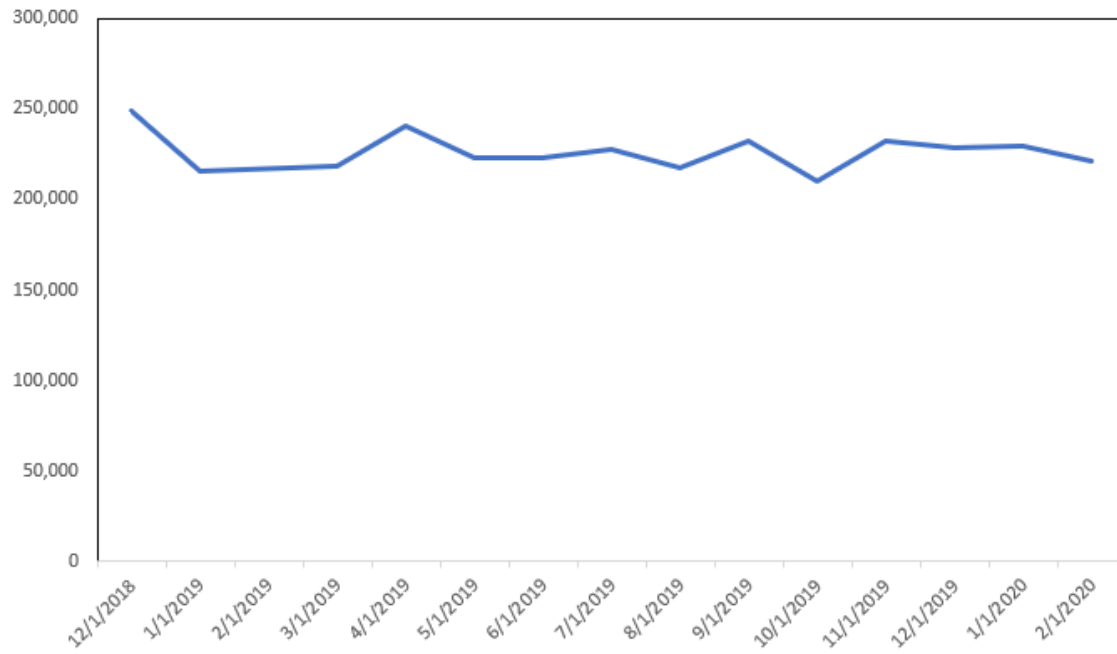


# It Also Can Form the Baseline for Analyses in the Future

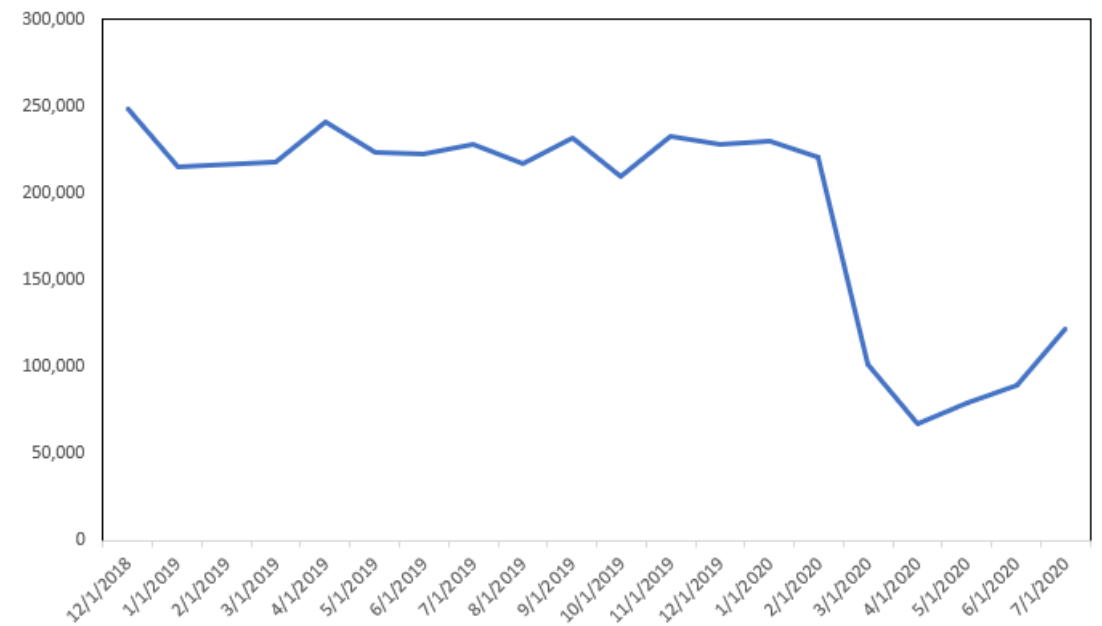
- What conditions and other demographics may predict serious illness from COVID-19?
- How does the cost of COVID-19 care vary by geography, payer, and underlying conditions?
- Who is hospitalized?
- How is other routine care impacted in these populations?

# Challenge: Our Data Will Look Different

Count of Claims



Count of Claims



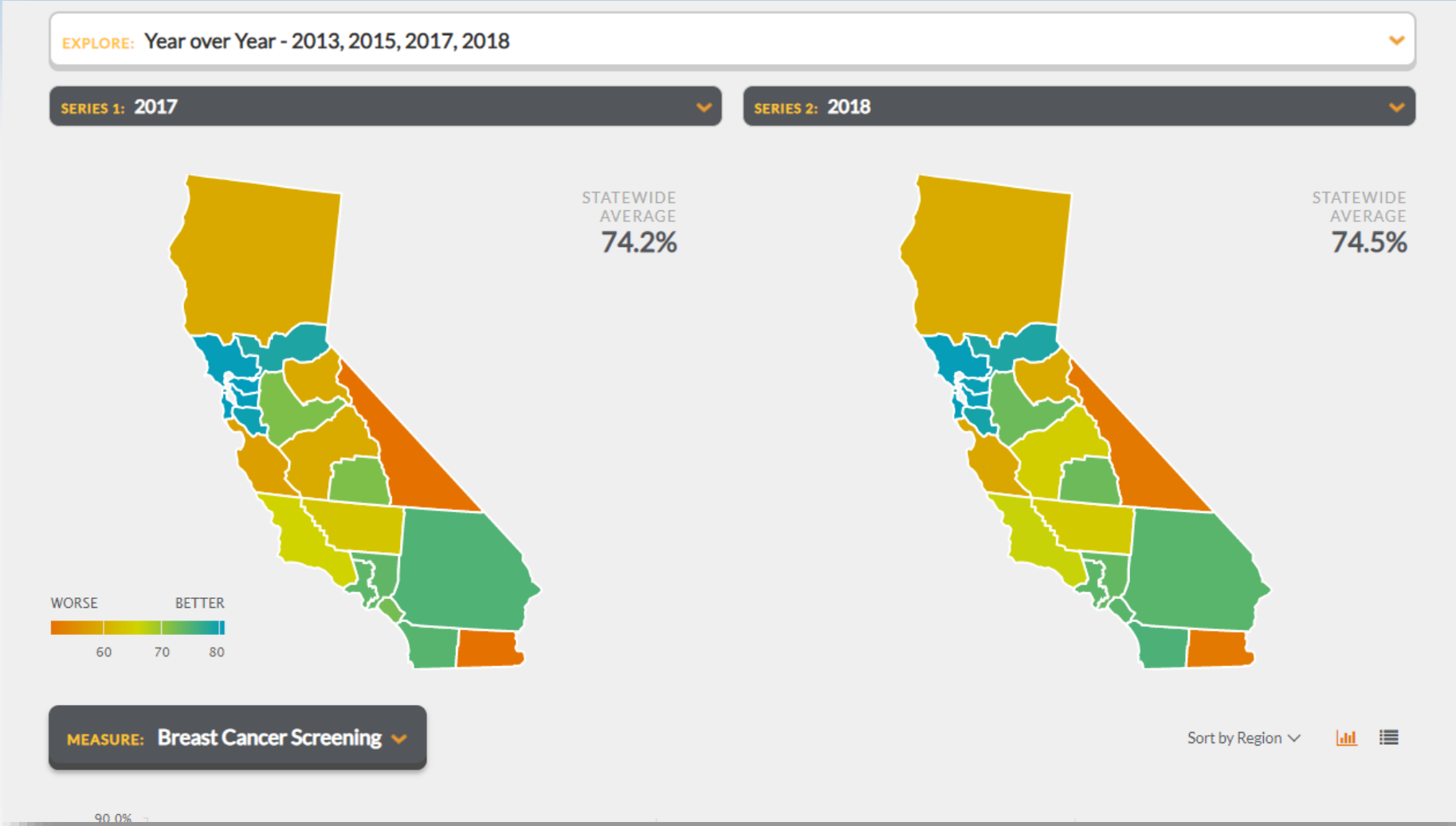
# Challenge: Our Data Will Look Different

- Volumes and types of claims will change with changing patterns of utilization
- Many providers are billing less due to fewer services
- Shift to telehealth instead of in-person visits
- Deferred care
- Prescription fill rates
- Expect changes in quality measures
- Potential changes in insurance coverage with unemployment

# Routine Screenings

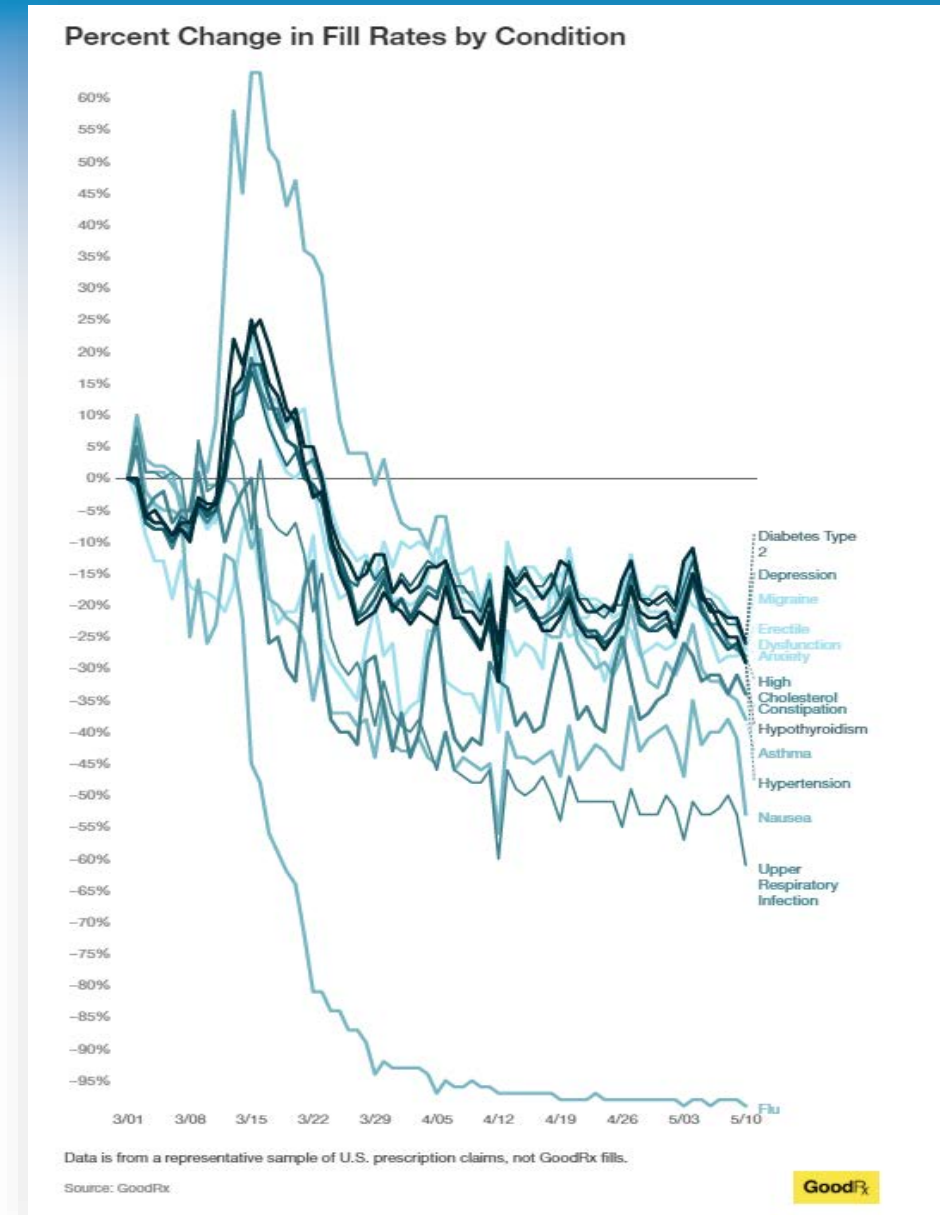


# How Will Rates Change for 2020?



# Prescription Fill Rates

- Rise in fills early to mid March nationwide and a fall in fills afterwards (Good Rx)
- Increase in 90-day fills significant shifts from pharmacy pick-up to home delivery (Express scripts)



# Prescription Fill Rates

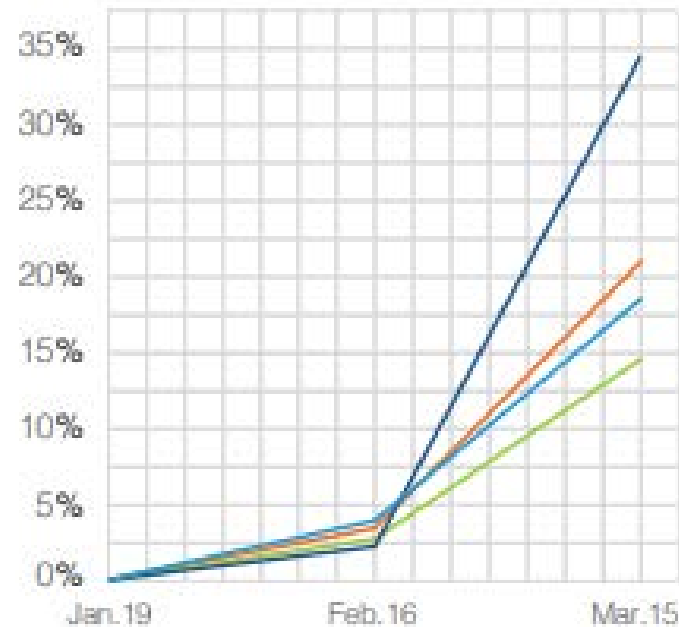
- Prescriptions for mental health medications increased sharply from mid-February to mid-March
  - 34.1% anti-anxiety
  - 18.6% anti-depression
  - 14.8% anti-insomnia

## PERCENT CHANGE IN PRESCRIPTIONS FILLED PER WEEK FOR MENTAL HEALTH MEDICATIONS

By select weeks from January 19, 2020 to March 15, 2020



Depression Anxiety Insomnia Total



# Hospital/ED Volume

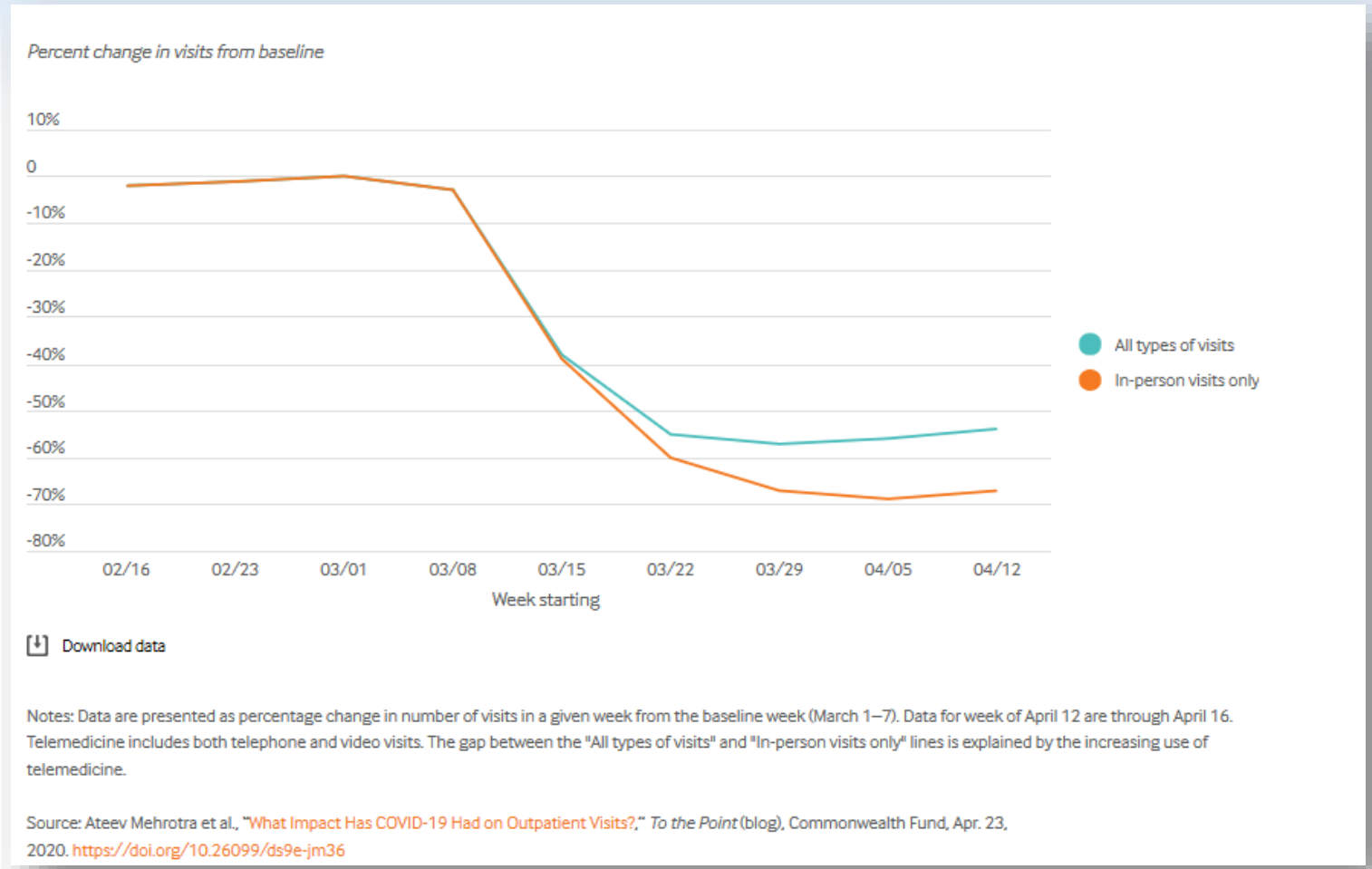
- In areas outside of major outbreak areas, hospital and ED volumes have declined substantially
  - Concern for rural hospitals that were struggling already
- Reduced/stopped elective procedures
- Fewer ED visits as people stay home
  - Example: Boston Medical Center reporting half of the normal volume of ED visits in April\*

\* <https://www.bostonglobe.com/2020/04/23/nation/strokes-heart-attacks-dont-take-vacation-so-why-have-emergency-department-visits-sharply-declined>



# Outpatient Visits Declined Sharply

- Outpatient visits dropped substantially starting early March
- Telehealth replaced some but not all visits
- Telehealth visits now account for 30% of visits at these providers \*



# Telehealth

- Before COVID, services needed to be for patients in health professional shortage areas *and* had to be provided at health care facility *and* required audio + video
- CMS expanded payment for telehealth visits during COVID-19 beyond shortage areas, and they could be done at home
- New providers allowed: Home health, hospice, rehab
- April 30: CMS expanded to include audio-only services, hospital practitioners, FQHCs and RHCs
- Other payers followed suit
  - BCBS Massachusetts – 100x increase in telehealth during pandemic \*

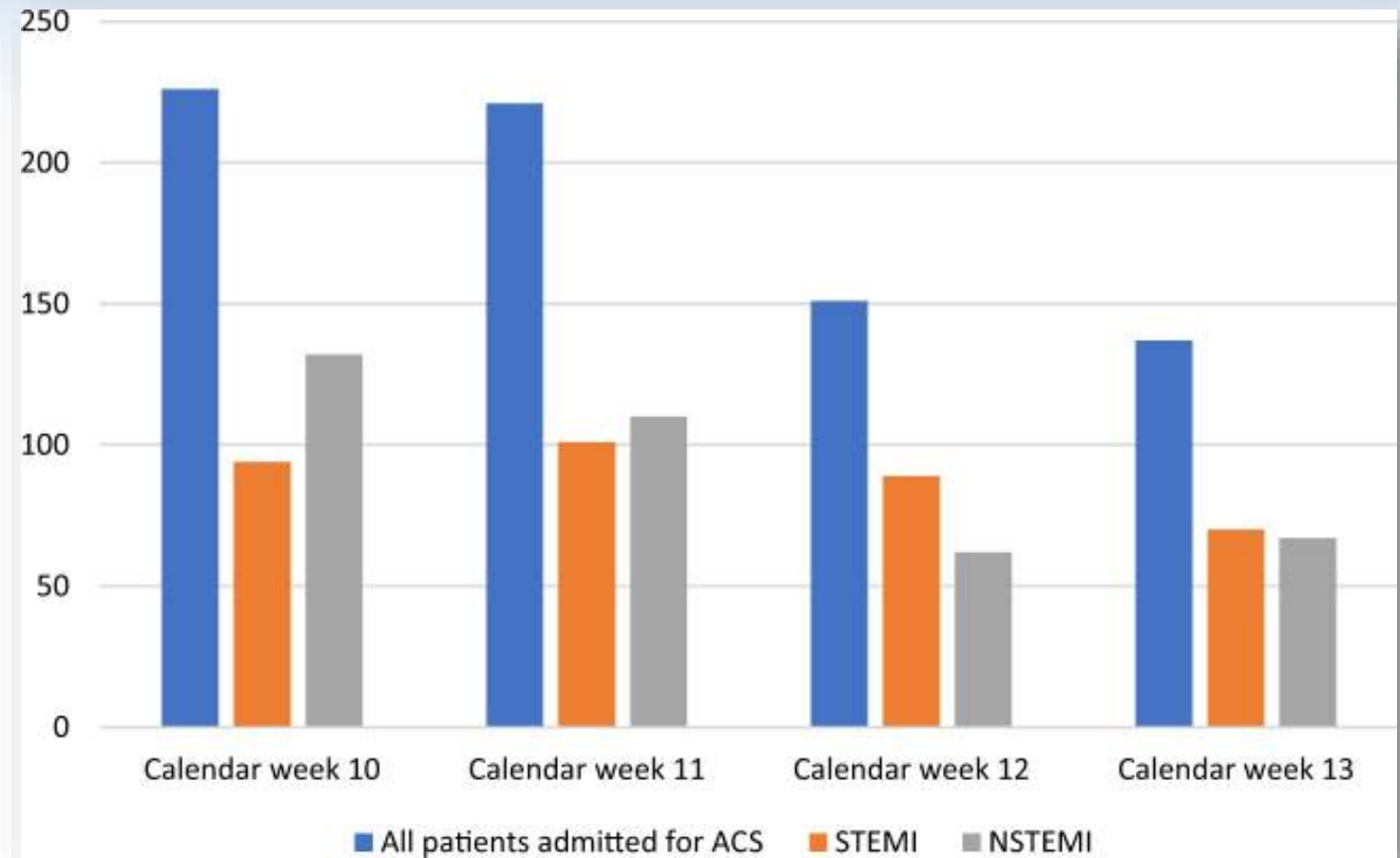
\* <https://www.wbur.org/commonhealth/2020/04/30/blue-cross-massachusetts-covid-19-coronavirus-telehealth>

# Telehealth

- What will be the implications of this shift to telehealth?
- How does telehealth impact outcomes?
- Will the new model “stick” post-pandemic?

# Patients Deferring Critical Care

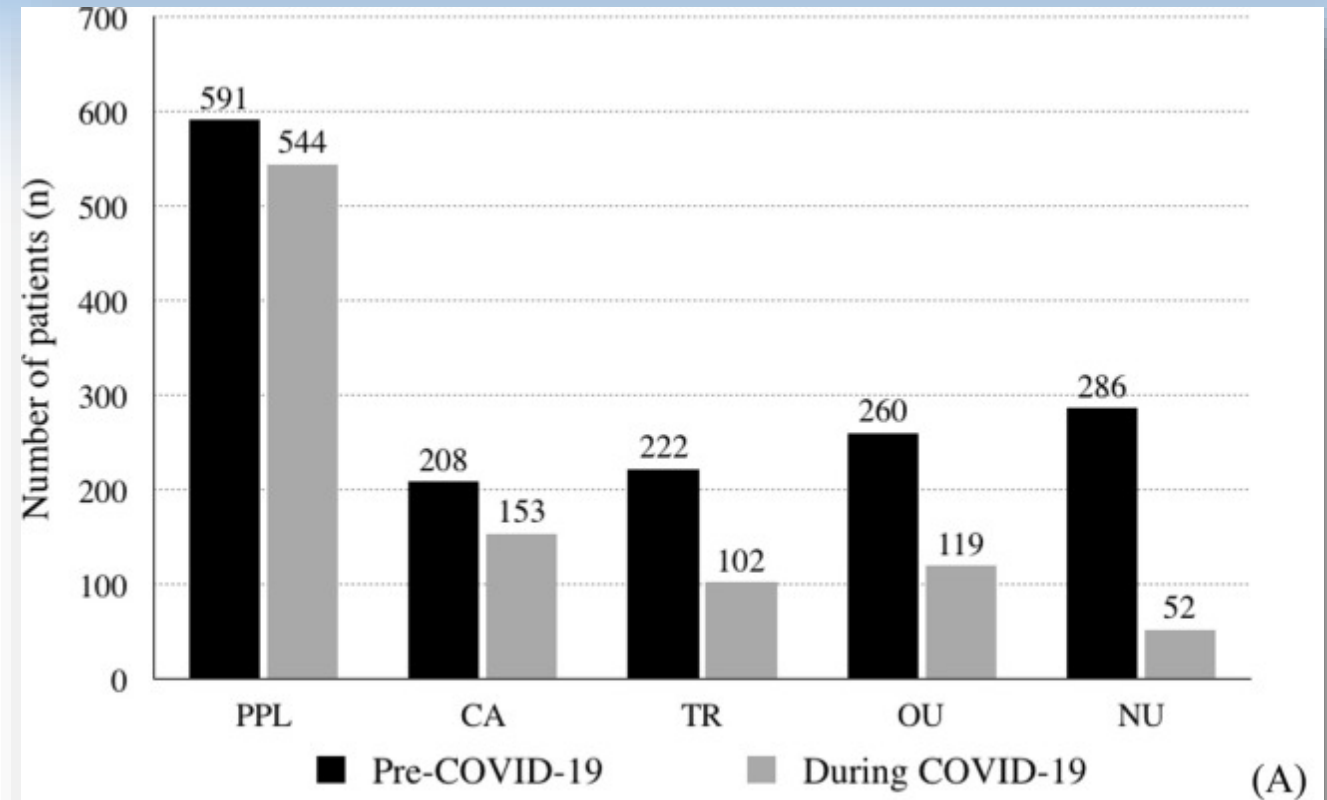
- Acute coronary syndrome admissions in Austria during early days of outbreak
- Reduced total admissions and admissions for myocardial infarctions



Metzler et al., [Eur Heart J](#). 2020 Apr 16 : ehaa314. Published online 2020 Apr 16.

# Patients Deferring Critical Care

- Study from Beijing, China, showed patients reduced emergency dental care during the epidemic
- Dental care, including urgent care, declined significantly

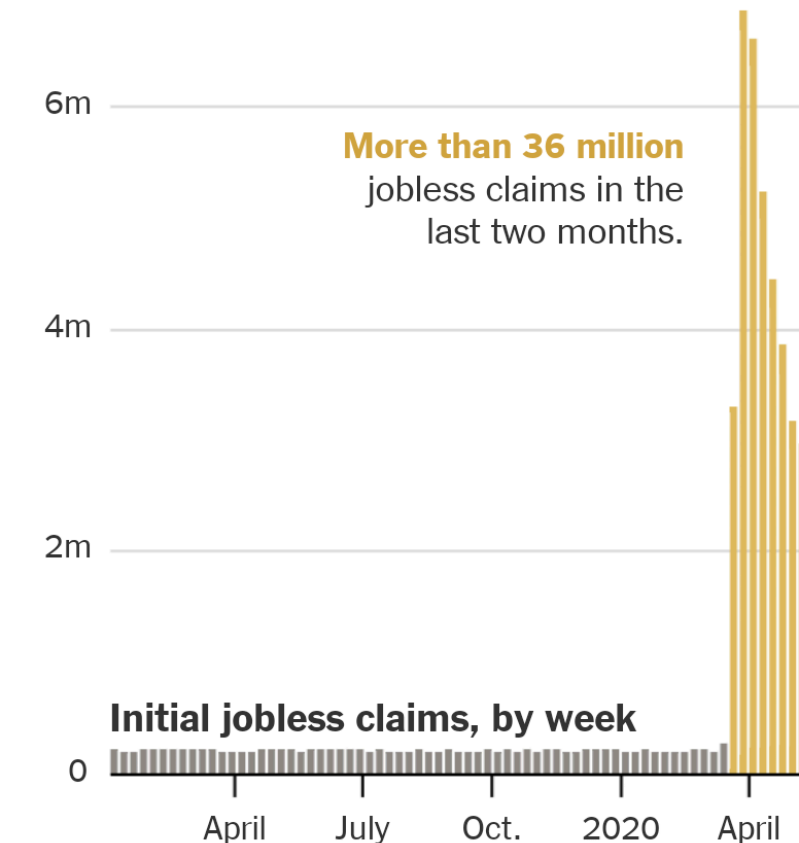


Histogram showing the distribution of patients who utilized emergency dental service before and at the beginning of the COVID-19 epidemic (N = 2537). (A) Number of patients; (B) percentage of patients. PPL, dental pulpal or periapical lesions; CA, cellulitis or abscess; TR, trauma; OU, other urgencies; NU, non-urgencies.

Guo et al., *J Dent Sci.* 2020 Mar 16. doi: 10.1016/j.jds.2020.02.002

# Changes in Insurance Enrollment

- Record unemployment will have significant implications to employer-sponsored insurance rates
- Some unemployment may be temporary, but some jobs may be lost long term
- Will impact enrollment data in the APCDs



Note: Seasonally adjusted. • Source: Labor Department

*New York Times, May 14, 2020*

# Questions & Answers



# Looking Ahead to the Next User Group Session



# Next User Group Session

## Understanding Your Enhanced Summary Tables: Inpatient Stay Summary & Medical Claim Header

*September 16, 2020; 12:00pm - 1:00pm ET*

**Intended Audience:** Onpoint's clients and their authorized data users

APCDs serve as valuable resources for getting a granular look at healthcare services performed over time. In any given year, a payer may report millions and millions of medical claim service lines — one record per service rendered within the same claim, same episode, or same inpatient stay. With no simple way of linking these related services together, it can be difficult to ensure that you're attaining all of the information from a claim or episode that you're seeking. Onpoint's Inpatient Stay Summary and Medical Claim Header tables do this linkage for you, delivering information about related services in condensed, yet comprehensive summary records. This training is designed to delineate what information the Inpatient Stay Summary and Medical Claim Header tables provide and how to use that information in your independent analyses.

Interested in attending this session? Register to receive additional information about the event [here](#).

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