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Compliance Hotline

Type:

<http://157.21.29.163/Compliance/>
and click on Hotline.

EVMS Medical Group Compliance concerns may also be sent to the EVMS Medical Group Compliance Office via phone, mail or e-mail.

Privacy Considerations for Remote Work

Due to the COVID-19 public emergency that is ongoing, many have been thrust into remote working or working from home. Accomplishing work from home is easier for some than others but presents unique challenges for all that work in healthcare as we strive to protect patient information. Some privacy considerations include:

- **Removable media devices:** If you need to transport data using a removable device, encrypted devices should always be used. These devices may be obtained by contacting the EVMS Network Center.
- **Paper copies:** Use of paper copies in a remote environment should be avoided. If paper copies are necessary there should be a justifiable business purpose for those paper copies and a plan to properly dispose of any PHI when the task is complete.
- **Private working areas:** Every effort should be made to find a private and secure physical work area within your home or remote environment. Examples are working in a room alone with doors closed, avoiding use of speaker phone and locking devices when away from them.
- **Connections and personal devices:** VPN connections should be used and no EVMS Medical Group data should be stored on the hard drives of personal devices. All existing security policies must continue to be followed.
- **Off boarding process:** Special care should be taken to off board any staff who are no longer working remote or have left our organization. Just as in the past, access should be terminated at the time of separation.

For many this change in work environment is a totally new world. Please report all concerns and questions to the Privacy Office as needed.

Contact Us

EVMS Medical Group Compliance Office

4111 Monarch Way,
Suite 500
Norfolk, VA 23508
Phone 451-6200

Link to Policies & Forms:

http://www.evms.edu/patient_care/compliance_program/

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Compliance "Listserv"

Send an email to browerl@evms.edu to request to be added to the EVMS Medical Group Compliance "Listserv". Once you are subscribed, you will receive newsletters, information and training opportunity announcements directly.

ICD-10 Coding Guidelines for COVID-19

Diagnoses should always be coded to the highest level of specificity for confirmed conditions. A diagnosis of COVID-19 should not be applied to suspected cases but rather signs and symptoms should be coded:

R05 – Cough

R06.02 – Shortness of breath

R50.9 – Fever of unknown origin

The CDC has also published the following interim coding guidance:

Pneumonia For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute Bronchitis For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Lower Respiratory Infection If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

ARDS Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection. Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Exposure to COVID-19 For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after

evaluation, it would be appropriate to assign the 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 to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

e-PHI Security Tip

During this time the Office of the Inspector General (OIG) has noted that many bad actors are exploiting the COVID-19 crisis to their advantage. Staff should be extra vigilant during this time about emails from unknown individuals and clicking on links within emails that are not legitimate.

Lunch Discussion Session April

Topic: Telehealth and Non-Face-to-Face Services

Who Should Attend: Anyone involved in providing, coding, or billing for these services.

Date and Location:

Thursday, April 16, 2020. This will be a virtual session via Blue Jeans. A link will be distributed to all registered participants.

Please RSVP to Laura Brower at browerl@evms.edu or 451-6202 and feel free to bring your lunch!