EVMS MEDICAL GROUP

Compliance Newsletter

In This Issue

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 Telehealth

Due to the COVID-19 public emergency that is ongoing, many patient visits have been converted to phone or video visits. "Seeing" our patients over the phone or virtually comes with some constraints in all areas including Privacy and Security that would not necessarily exist while conducting in-person visits. Some privacy considerations include:

- Confirming Patient Identity: Especially when conducting a new patient visit by phone or video, it is important to confirm the patient's identity just as we are required to do when the patient presents in-person to the office. If communicating with the patient by phone, multiple (recommendation is 3) identifiers should be confirmed with the patient before commencement of the visit. If video is used, staff or providers may ask patients to show a copy of their photo ID to confirm their identity and prevent insurance or other fraud.

- Performing in a Secure Area: As many are working remotely, it is important to ensure that all phone or video visits with patients are conducted in a secure and private area. If you are not working from a private office or exam room, it is important to take all necessary steps to protect our patient's information. It is also a good practice to remind our patients that they should be located in a secure and private area as well to receive services.

- Use of Secure Communication Platforms: Best practice is to use the FollowMyHealth Secure Patient Portal to conduct video or electronic visits during this time. Other secure platforms are also in use in some practices. While the OIG has waived some HIPAA security requirements during the Public Health Emergency (PHE), providers and staff are still obligated to educate patients on the risks involved when any

non-HIPAA compliant platforms are used. This informed consent must also be documented in the medical record as necessary.

As we work through new processes there are many nuances to consider. Please continue to report all concerns and questions to the Privacy Office.

Updated ICD-10 Coding Guidelines for COVID-19

Effective April 1, 2020, the CDC released updated ICD-10 coding guidelines for COVID-19 confirmed cases. Diagnoses should always be coded to the highest level of specificity for confirmed conditions. As before, 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 updated guidance has released a new code for immediate use through September 2020 for confirmed COVID-19 cases:

> **U07.1 - COVID-19**

 To be coded as positive, the type of test does not have to be documented and confirmation from the provider in the documentation that the patient has COVID-19 is sufficient. Presumptive positive cases should also be coded using U07.1 (presumptive positive just means patient has tested positive but not yet confirmed by the CDC). When COVID-19 is the primary diagnosis code U07.1 should be listed first followed by any manifestations. The only exception would be for pregnant patients, as described in the additional guidance below:

Acute respiratory illness due to COVID-19
Pneumonia For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.
Acute bronchitis For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

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, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

Acute respiratory distress syndrome For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

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, 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 Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline a).

Screening for COVID-19 For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline d). If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline g).

COVID-19 infection in pregnancy, childbirth, and the puerperium During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should receive a principal diagnosis code of O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by code U07.1, COVID-19, and the appropriate codes for associated manifestation(s). Codes from Chapter 15 always take sequencing priority.

e-PHI Security Tip

While many work remotely during this time, remember that personal email and file sharing sites not hosted by EVMS are not secure any may not be used for transmission or storage of confidential or patient information.

Lunch Discussion Session May

Topic: Telehealth and Non-Face-to-Face Services Part 2

Who Should Attend: Anyone involved in providing, coding, or billing for these services. We will continue to review examples and work through questions and concerns.

Date and Location:
Thursday, May 21, 2020 at noon. 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 enjoy your lunch wherever you are working!