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# COVID-19 RESPONSE: *BEST PRACTICES FOR DOCUMENTATION & REIMBURSEMENT*



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# TOPICS

1. COVID-19 Overview and Reimbursement Update
2. Telework & Billing Office Best Practices
3. HIPAA: Providers Can Disclose COVID-19 Status under HIPAA to Ambulances
4. Medicaid Waivers
5. WFH Policy & Procedure
6. Reimbursement Best Practices
7. Billing Practices: Alternative Destination Billing/Treatment in Place Billing
8. Current Telehealth Waiver & Congressional Expansion
9. FEMA Assistance
10. Q&A

# COVID-19 Overview & Reimbursement

- National Emergency: January 31, 2020
  - President invokes Stafford Act
  - Secretary Azar signs 1135 Waiver
- 1135 Waiver
  - May temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements
  - To ensure that sufficient health care items and services are available to meet the needs of individuals
  - In the emergency area during time periods so that providers who provide such services in good faith can be reimbursed and exempted from sanctions
- Current waiver authority expires 90 days after declaration, unless extended

# Examples of Requirements that Can Be Waived

- Conditions of participation or other certification requirements
- Program participation and similar requirements
- Preapproval requirements
- Requirements that health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State that is valid
- EMTALA sanctions for redirection of an individual to receive a medical screening examination in an alternative location pursuant to a state emergency preparedness plan
- Stark self-referral sanctions
- Performance deadlines and timetables may be adjusted
- Limitations on payment to permit Medicare enrollees to use out of network providers in an emergency situation

# TELEWORK BEST PRACTICES

## 5 Best Practices

1. Work From Home (WFH) Policy & Procedure\*
2. Performance Expectations
3. Specific WFH PHI Policy
4. Equipment List
5. WFH Agreement

# WFH POLICY & PROCEDURE

- Address the corporate & employee responsibilities
- Scope of the policy
- Procedure(s)
  - If employee has IT issues, what do they do?
  - Printing
  - Transporting of PHI
  - Phone and recordings
  - Storing information via external devices
- Specific Disciplinary Process

# HIPAA: Providers Can Disclose COVID-19 Status under HIPAA to Ambulances

- Disclosure of PHI pursuant to treatment (45 C.F.R. § 164.506(c)(2))
- Disclosures required by law (45 C.F.R. § 164.512(a))
- Disclosure to public health authorities (45 C.F.R. §§ 164.512(b)(1) & 164.501 (definition of public health authority))
- Disclosures when risk of infection to a person (45 C.F.R. § 164.512(b)(1)(iv)).
- Disclosures to prevent or lessen a serious and imminent threat to the health and safety of a person or the public (45 C.F.R. § 164.512(j)(1))
- Disclosure to a correctional institution or law enforcement having lawful custody of an inmate or other individual under certain circumstances (45 C.F.R. § 164.512(k)(5))

Must provide the minimum amount of information necessary to accomplish the purpose

# Medicaid Waivers

- Appendix K provides states with opportunities to:
  - Temporarily increase individual eligibility cost limits
  - Modify service, scope, or coverage requirements
  - Exceed service limitations
  - Add services to the waiver
  - Provide services in out-of-state settings
  - Permit payment for services rendered by family caregivers or legally responsible individuals
- Alabama
- Arizona
- California
- Florida
- Illinois
- Louisiana
- Mississippi
- New Hampshire
- New Jersey
- New Mexico
- North Carolina
- Virginia
- Washington



# REIMBURSEMENT BEST PRACTICES FOR COVID-19

1. Document, document, document!
2. Identify ALL COVID-19 related transports.
3. Create a very specific process related to these claims.
  - a. Denials management process
  - b. Self pay management
  - c. Collection process
  - d. Medical documentation
4. Review Chargemaster

# REIMBURSEMENT BEST PRACTICES FOR COVID-19

1. Reporting
  - a. Operational
  - b. Accounting
  - c. Payroll
    - a. Sick leave
    - b. Overtime
    - c. Training
    - d. Stipends
  - d. Supply Chain Management
  - e. Fleet Maintenance
  - f. Workforce Development & Retention

# BILLING GUIDELINES FOR COVID-19

New ICD-10 Code, effective 4/1/2020<sup>1</sup>

U07.1 Acute 2019-nCoV acute respiratory disease

New ICD-10 Code, effective 3/1/2020

Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out

New ICD-10 Code, effective 3/1/2020

Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

<sup>1</sup><https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

# ALTERNATIVE DESTINATION BILLING

## Coverage

- Allows payment for transport of a beneficiary to an alternative site (such as primary care office, urgent care center, COVID-19 testing site, mental health)
- Medical necessity applies
  - Guidance requested for COVID-19 transports
- Emergency
- Transfers

# ALTERNATIVE DESTINATION BILLING<sup>1</sup>

## Billing Guidelines

- BLS Emergency (A0429)
- ALS Emergency (A0427)
- BLS Non Emergency (A0428)\*
- ALS Non Emergency (A0426)\*
- Mileage (A0425)

### Suggested Modifiers (Destination Modifiers)

C: Community Health Center

F: Federally Qualified Health Center

O: Physician Office

U: Urgent Care Centers

I: Incident Location (COVID-19 Testing Site)\*

<sup>1</sup>Requested from CMS in the form of a waiver for COVID-19 Response for Medicare coverage

# TREATMENT IN PLACE (TIP)

## Coverage

- Allows payment for treatment in place of a beneficiary by an ambulance service provider or supplier.
- Requires initiation of telehealth services or in-person by a qualified healthcare practitioner
- Medical necessity applies

# T.I.P. BILLING PROCEDURE

## Billing Guidelines

- Facilitation fee for ambulance response
  - ALS-1 Emergency (A0427)
  - BLS Emergency (A0429)
  - No Mileage allowed
- Use of W-modifier

Response	Billing
ALS-1 Emergency to residence	A0427 RW
BLS Emergency to a grocery store	A0429 SW

# Current Telehealth Waiver & Congressional Expansion

- The Coronavirus Preparedness and Response Supplemental Appropriations Act (March 6, 2020)
  - Allows CMS to waive limitations on where Medicare patients are eligible for telehealth during the emergency
  - Allows the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 PHE
  - OCR will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype
  - Medicare telehealth services are generally billed as if the service had been furnished in-person; services are described by HCPCS codes and paid under the Physician Fee Schedule
  - Billing for Medicare telehealth services is limited to professionals



# Current Telehealth Waiver & Congressional Expansion

- The CARES Act (March 25, 2020)
  - Allows CMS to waive all statutory requirements for telehealth services
  - Expands to all Medicare providers and suppliers, if CMS waives
- Effect on ambulance organizations
  - CMS has not waived requirement that ambulance organizations transport
  - Open question whether ambulance vehicles could be deemed an originating site under new law
- AAA will work with HHS to try to expand opportunities to obtain payment for ambulance organizations providing telehealth services

# FEMA Category B, Emergency Protective Measures Public Assistance Program

- FEMA will reimburse eligible applicants reasonable costs associated with eligible work, such as evacuation and rescue operations, during federally declared major disasters and emergencies
- Eligible applicants may include State, local, and tribal governments and private nonprofit organizations or institutions which provide ambulance service
  - Private for-profit ambulance providers are not eligible for direct reimbursement, but the State, local or tribal government that contracted with the private ambulance providers may submit a claim for reimbursement to FEMA

# FEMA Category B, Emergency Protective Measures Public Assistance Program

- Costs of activating ambulance contracts and staging of ambulances
- Reasonable costs incurred in advance for transporting disaster victims to a hospital or other medical facility
- Reasonable costs for transporting a congregate shelter evacuee/shelteree to the nearest hospital equipped to adequately treat the medical emergency
- Costs for distributing immunizations, staffing shelters and emergency departments, setting up mobile medical units, and responding to hazards
- Costs to staff congregate shelters with medical practitioners to provide assistance to evacuees.
- Costs of ambulances used in support of shelter operations or onsite at shelter locations
- Costs for symptom surveillance, reporting, transporting and redistributing patients to make necessary hospital bed space available
- Equipment costs incurred by the ambulance provider
- Costs for using applicant-owned equipment while conducting eligible work



# FEMA Category B, Emergency Protective Measures Public Assistance Program

- Eligible costs will be limited to a period of up to 30 days from the date of the emergency or major disaster declaration
- The ambulance transportation service provided should be customary and appropriate for the work required
- An eligible applicant may not seek reimbursement from FEMA for any ambulance service costs that are covered by private insurance, Medicare, Medicaid or a pre-existing private payment agreement
- Eligible labor costs include, but are not limited to, the following:
  - Overtime pay for regular full-time employees performing eligible work
  - Regular time and overtime pay for extra hires specifically hired to provide additional support as a result of the emergency or declared disaster
  - If volunteer EMTs perform eligible work essential to meeting immediate threats to life and property resulting from a major disaster or emergency, FEMA will credit the donated labor

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# THANK YOU



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