

# The POHMS newsletter



Issue 75 APRIL '20

ACTIVE LEADERSHIP AND UNITY FOR ALL MEMBERS TO THRIVE IN THE EVOLVING HEMATOLOGY ONCOLOGY COMMUNITY

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**Save The Date!!**

### **POHMS Annual Fall Conference**

The Hotel Hershey  
Hershey, PA  
November 5-6, 2020

**Editor: Michelle Weiss, Weiss Oncology Consulting - [Michelle@WeissConsulting.org](mailto:Michelle@WeissConsulting.org)**

This newsletter is intended for informational purposes only. Information is provided for reference only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently and should be verified by the user. Please consult your legal counsel or reimbursement specialist for any reimbursement or billing questions.

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**SPECIAL MESSAGE FROM  
POHMS President  
Diane DelVecchio-Carter RN MSN OCN**

Over the past month our world has been turned upside down with corona virus and social distancing. Make no mistake our lives will never be the same again. We will have to find new ways to connect, socialize, and do business. Economists say this is a correction not only in the stock market but in our lives. Corona virus has forced us to realize what is truly important in our lives. We recognize this is a challenging time for oncology practices. Most of us are treating patients, dealing with corona virus, staffing, and trying to learn the latest information for billing and telehealth. POHMS will continue to provide information to help you survive the future. I would like to thank all those who work tirelessly to keep the organization going. The board of directors, Fran Spine and Veronica. I would also like to thank the pharmaceutical and corporate sponsors. I would like for everyone to take a moment to pray for those impacted by corona virus. I urge everyone to protect health care workers and cancer patients by staying home, isolate and wash your hands. Everyone please be safe. I would love to see everyone at our fall meeting in Hershey.

Thank you and God Bless everyone and  
the United States of America.



## POHMS 7<sup>th</sup> Annual Spring Conference



Thursday, April 2, 2020

Those who participated in the Spring Conference, AAPC did approve CEU's.  
Please reach out to Fran Spine at [fspine@oncologybilling.com](mailto:fspine@oncologybilling.com).

Please MARK YOUR CALENDAR  
for these important programs.  
You don't want to  
miss either one.

### POHMS Special Program

**LOCATION:** Hershey Country Club

**DATE:** September 30, 2020

**TIME:** 8 am to 5 pm

#### Part I - Morning Session

##### Human Resources

George Hlavac, Esq.

Hoffman Hlavac & Easterly

- Sexual Harassment Training for Supervisors
- Employee retention

#### Part II - Afternoon Session

##### HIPAA Update Package

Helen Oscislowski

Attorneys at Oscislowski LLC

- Overview of HIPAA changes
- Enforcement Actions
- Ransomware Attacks
- Data Breach
- 21<sup>st</sup> Century Cures Act and the Information Blocking Rules
- Updated HIPAA documents (electronic)
- And so much more!!

*Times and speakers subject to change.*



## POHMS Board of Directors Vacancy

Anyone interested in being a part of the POHMS Board of Directors please contact Fran at 908-442-7156 or [fran@pohms.com](mailto:fran@pohms.com)



## REMINDER: POHMS Member Educational Reimbursement Policy



### Requirements:

- Letter of Request, must indicate use and have practice physician signature
- Due to limited funds, the Letter of Request must be submitted a minimum of 30 days prior to the event
- POHMS Executive Committee will review your request within one week upon receipt to POHMS
- Practice will then be notified of approval or denial via email
- POHMS will reimburse up to \$500 per practice/ per year of acceptable expenses.  
(Acceptable expenses include: registration fees, hotel and travel costs, and meals)
- Proof of attendance and original receipts must be submitted for reimbursement along with a completed expense report.

*This program is available ONLY to paid POHMS Members.*



## New Video Available on Medicare Coverage and Payment of Virtual Services



CMS released a video providing answers to common questions about the Medicare telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

[Video](#)



### ASCO's FAQ Related to Managing Oncology Patients during this Pandemic and link to ASCO Coronavirus Resources

ASCO invited its members to submit questions about issues and challenges they see emerging while caring for patients with cancer in the context of the coronavirus pandemic.

Currently, limited clinical cancer-specific data are available and information is evolving. The following answers to questions we received are based on evidence gathered through a PubMed search of the medical literature, a search of relevant websites with information on infectious diseases (CDC, WHO, IDSA, etc.), and input provided by clinical oncologists and infectious disease experts. ASCO will update this information as new questions emerge and evidence develops.

[CLICK HERE](#) to review the FAQ

[CLICK HERE](#) to visit the ASCO Coronavirus Resource Page

### ASCO in Action

#### ASCO - Financial Support Available to Providers During COVID-19 Pandemic

*(ASCO in Action) Mar 31, 2020* - To help ensure that health care providers have the resources necessary to care for patients during the COVID-19 pandemic, Congress and the Centers for Medicare & Medicaid Services (CMS) took action to provide direct financial support to providers who have been impacted by the emergency. [READ ARTICLE](#)



## ASH - COVID-19 Resources

(ASH) Mar 31, 2020 - In an effort to serve its members, ASH is maintaining this webpage as a medium to exchange information to assist hematologists in navigating the COVID-19 public health crisis. [READ ARTICLE](#)



## CMS - Lessons from The Front Lines: COVID-19

On April 3, CMS Administrator Seema Verma, Deborah Birx, MD, White House Coronavirus Task Force, and officials from the FDA, CDC, and FEMA participated in a call on COVID-19 Flexibilities. Several physician guests on the front lines presented best practices from their COVID-19 experience(s). You can listen to the conversation [here](#).

## 2020 COMMUNITY ONCOLOGY CONFERENCE THE ONE MUST-ATTEND COMMUNITY ONCOLOGY CONFERENCE OF THE YEAR



- There's something for everyone at COA 2020
- By Community Oncology, For Community Oncology
- Unique Agenda - [CLICK HERE](#)
  - Clinical
  - Business
  - Pharmacy
- Join us from the comfort and safety of your home, office, or practice
  - Register now - [CLICK HERE](#)



## Message from our President & CEO HARVEY DIKTER

During this unprecedented and uncertain time, our top priority remains keeping our team members, their families and the beneficiaries of the Medicare program healthy and safe. As you've seen, seniors and those with underlying health conditions are among the highest risk. These are the people we serve. We are working closely with the Centers for Medicare & Medicaid Services (CMS) to do everything necessary to continue to provide the service you depend on us for so our beneficiaries can get the care they so desperately need.

To all the healthcare providers and professionals, local communities and governments working tirelessly to keep us safe, we extend a heartfelt thank you. Please know that we are here to support you and answer your questions.

### [Coronavirus \(COVID-19\) information](#)

#### **Accelerated and advance payment requests**

To increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services expanded their current accelerated and advance payment program to a broader group of Medicare Part A and Part B providers / suppliers. Learn about accessing and [submitting our Payment Request Form](#).

#### **February 2020 top claim submission errors**

The February 2020 Part B top claim submission errors and resolutions for Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania are now available. Please take time to review these errors and avoid them on future claims.

[CLICK HERE](#)



## Self-Service Tools

### The Reopening Gateway has arrived

Novitas Solutions is dedicated to the development of self-service tools to reduce customer burden and to improve the overall customer experience. The Reopening Gateway is a free, web-based application that allows for automated submission of claim corrections with no enrollment process. Logging into the Reopening Gateway is a quick and easy way to update claim data through the internet. [CLICK HERE](#)

### Medical policy

The following local coverage article has been revised and is posted for notice. The article will become effective May 3, 2020:

- [Self-Administered Drug Exclusion List \(A53127\)](#)

### Frequently asked questions February 2020 top inquiries

The February 2020 Part B top inquiries FAQs, received by our Provider Contact Center, have been reviewed for February 2020. Please take time to review.

[CLICK HERE](#)



### Provider enrollment assistance in response to COVID-19

Novitas Solutions implemented provider enrollment relief for providers impacted by COVID-19, retroactive to March 1, 2020. We have also established a hotline to help healthcare providers that have been impacted by COVID-19. Please read our article for further information.

[CLICK HERE](#)

### Education and training Care management specialty page

New information has been added to the specialty page. Please review to ensure you are keeping up with the most current information.

[CLICK HERE](#)



Listed are Novitas training events  
an oncology practice should consider!

**WEBINAR**



## Novitas Self-Service Tools:

[View all Self-Service Tools](#)

Fee Schedule Lookup ->



LCD / Policy Search ->



Enrollment Status ->



Learning Center ->



Date	Starts	Ends	Event Details	CEUs	Media Type	Registration
Tuesday, April 14, 2020	10:00 a.m.	11:00 a.m.	<b><i>Reporting the Correct Place of Service</i></b>  This course will assist you with selecting the correct place of service code for the services you provide. An overview of all place of service codes will be given and common errors will be discussed.	1.0	Webinar	
Wednesday, April 15, 2020	11:00 a.m.	12:00 p.m.	<b><i>Novitasphere Claim Correction Overview</i></b>  This course will examine how to determine when a claim correction can be performed in Novitasphere and how to complete a clerical reopening. We will also provide examples of claims that can and cannot be updated through the Novitasphere Claim Correction feature.	1.0	Webinar	
Thursday, April 16, 2020	11:00 a.m.	12:00 p.m.	<b><i>Part B Medicare Updates - April 2020</i></b>  This course will review the latest Medicare Part B updates. Our discussion will include current CMS initiatives, program changes, Novitas initiatives, and topics of interest.	1.0	Webinar	
Thursday, April 16, 2020	1:00 p.m.	2:00 p.m.	<b><i>Explore Telehealth Service Expansion During the Coronavirus Public Health Emergency</i></b>  Our webinar will address the latest information regarding telehealth coverage expansion specifically related to the COVID-19 pandemic and review waivers to telehealth requirements issued under the Public Health Emergency declaration. Providers should be aware that Novitas may not be able to address all questions on this topic during the webinar; however, we will gather questions requiring further research and clarification following the webinar and distribute responses via our website as more information becomes available.	1.0	Webinar	

To watch for newly posted opportunities  
and to register...[CLICK HERE](#)





## Part B Newsletter

Current Edition Available...[CLICK HERE](#)

### Medicare Part B

#### HOT LINKS!

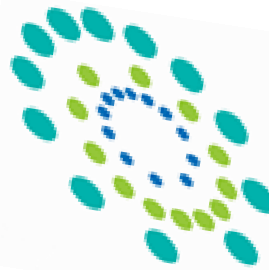
[Medicare JL Part B Fee Schedule](#)  
[Current Active Part B LCD Policies](#)  
[Current Average Sales Price \(ASP\) Files](#)  
[Quarterly Update to CCI Edits](#)

### 2020 Proposed Rules

[Physician Fee Schedule & QPP](#)  
[Physician Fee Schedule Fact Sheet](#)  
[HOPPS](#)  
[HOPPS Fact Sheet](#)  
[QPP Fact Sheet](#)  
[E/M Estimated Level Impact Chart](#)

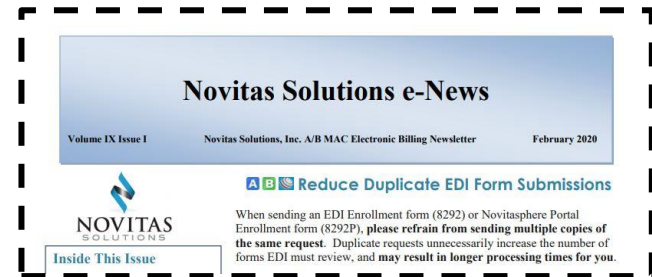
### 2020 Final Rules

[Physician Fee Schedule Press Release](#)  
[Physician Fee Schedule and QPP Final Rule](#)  
[Physician Fee Schedule Fact Sheet](#)  
[Quality Payment Program Fact Sheet](#)  
[HOPPS Final Rule](#)  
[HOPPS Fact Sheet](#)



## Novitas Solutions e-News Electronic Billing Qtly Newsletter

Current Qtly Issue Available...[CLICK HERE](#)



### On-Demand Education

- [Weekly Audio Podcasts](#)
- [Training Modules](#)
- [Acronyms & Abbreviations](#)
- [Frequently Asked Questions](#)
- [Evaluation & Management \(E/M\) Center](#)
- [Comprehensive Error Rate Testing \(CERT\) Center](#)

### CMS Education

- [Open Payments \(Physician Payments Sunshine Act\) \\*](#)
- [Medicare Learning Network \\*](#)
- [National Provider Training Program \\*](#)
- [Internet-Only Manual \\*](#)
- [Provider Specialty Links](#)
- [Safeguarding Your Medical Identity \\*](#)



## MOST RECENT RAC ISSUE BEING INVESTIGATED THAT MAY BE IMPORTANT TO AN ONCOLOGY PRACTICE:

Name	Description	Number	Provider Type	Review Type	Date Approved	Posted On	Region 4 States	Region 4 MACs	Dates of Service
Erythropoiesis Stimulating Agents for Cancer Patients: Medical Necessity and Documentation Requirements	Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood transfusion in patients with specific clinical indications. Medical records will be reviewed to determine if the use of ESA in cancer and related neoplastic conditions meets Medicare coverage criteria.	0171	Outpatient Hospital	Complex	12/12/2019	12/16/2019	All Region 4 States	AB MACs	"Claim paid date" which is less than 3 years prior to the Demand Letter date

## Clinical Laboratory Improvement Amendments (CLIA) Guidance During COVID-19 Emergency

CMS issued important guidance ensuring that America's clinical laboratories are prepared to respond to the threat of the 2019 Novel Coronavirus (COVID-19.) While there is no formal waiver authority under CLIA, CMS continue to exercise flexibilities under current regulations and through enforcement discretion to address temporary and remote testing sites, use of alternate specimen collection devices, and implementation of laboratory developed tests. Our hope is that this guidance provides the steps needed for all U.S. Labs wanting to apply for a CLIA certificate to test for COVID-19.

[Guidance](#)

[FAQ](#)



## Medicare's Telehealth Benefits

Legislation signed by the President on March 6, 2020, expands Medicare's telehealth benefit. Prior to this law, Medicare could pay for telehealth on a limited basis. A provision in the new law allows waiver of certain Medicare telehealth payment requirements during the coronavirus outbreak. This, and other recent actions by CMS, provides regulatory flexibility to ensure accessible benefits. This will also help contain the spread of coronavirus disease 2019 (COVID-19).

CMS continues to publish updates on this topic. Here are links to some resources you may find valuable.

- Fact Sheet - [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- CMS - [Medicare Telehealth Frequently Asked Questions \(FAQs\)](#)
- Press Release - [Telehealth Benefits in Medicare are a Lifeline for Patients During coronavirus Outbreak](#)
- Press Release - [President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak](#)
- MLN Booklet - [Telehealth Services](#)

CMS guidance on the Coronavirus/COVID-19 is available on their [Current Emergencies](#) web page. This includes general information, updates, press releases, and clinical/technical guidance, billing and coding guidance, FAQs, and more. This central location allows CMS to provide the most up-to-date COVID-19 guidance. Information changes often!



## Billing for Professional Telehealth Distant Site Services During the Public Health Emergency - Revised

*This corrects a prior message that appeared in our Special Edition.*

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person
- Modifier 95, indicating that the service rendered was actually performed via telehealth

As a reminder, CMS is not requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier

There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

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### **CORONAVIRUS - Stay current with the fast-moving information on the Coronavirus**

View the [Current Emergencies](#) on the CMS Website.

#### *Major Policy Changes:*

[CLICK HERE](#) for link to CMS-1744-Interim Final Rule

[CLICK HERE](#) for link to Cares Act

## New ICD-10-CM diagnosis code, U07.1, for COVID-19

In response to the national emergency that was declared concerning the COVID-19 outbreak, a new diagnosis code, U07.1, COVID-19, has been implemented, effective April 1, 2020.

As a result, an updated ICD-10 MS-DRG GROUPER software package to accommodate the new ICD-10-CM diagnosis code, U07.1, COVID-19, effective with discharges on and after April 1, 2020, is available on the CMS [MS-DRG Classifications and Software](#) webpage.

For additional information related to the new COVID-19 diagnosis code, visit the [CDC website](#).

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## Quality Payment Program and Quality Reporting Program/Value Based Purchasing Program COVID-19 Relief

On March 22, 2020, CMS announced relief for clinicians, providers, hospitals, and facilities participating in quality reporting programs in response to the 2019 Novel Coronavirus (COVID-19). This memorandum and factsheet supplements and provides additional guidance to health care providers with regard to the announcement. CMS has extended the 2019 Merit-based Incentive Payment System (MIPS) data submission deadline from March 31 by 30 days to April 30, 2020. This and other efforts are to provide relief to clinicians responding to the COVID-19 pandemic. In addition, the MIPS automatic extreme and uncontrollable circumstances policy will apply to MIPS eligible clinicians who do not submit their MIPS data by the April 30, 2020 deadline.

You can find a copy of the memo here: [Memo](#)

You can find a copy of the fact sheet here: [Fact Sheet](#)

CMS posted new Quality Payment Program (QPP) resources to help you understand how to participate in the 2020 performance period:

### Merit-based Incentive Payment System (MIPS) Quick Start Guides:

- [Overview](#)
- [Eligibility and Participation](#)
- [Part B Claims Reporting](#)
- [Quality Performance Category](#)
- [Promoting Interoperability Performance Category](#)
- [Improvement Activities Performance Category](#)
- [Cost Performance Category](#)

### Measure Specifications and Lists:

- [Quality Measures List](#)
- [Medicare Part B Claims Measure Specifications and Supporting Documents](#)
- [Clinical Quality Measure Specifications and Supporting Documents](#)
- [CMS Web Interface Measure Specifications and Supporting Documents](#)
- [Qualified Clinical Data Registry Measure Specifications](#)
- [Improvement Activities Inventory](#)
- [Promoting Interoperability Measure Specifications](#)
- [Cost Measure Information Forms](#)
- [Cost Measure Code Lists](#)
- [Summary of Cost Measures](#)

### Other resources:

- [MIPS Data Validation Criteria](#)
- [Quality Benchmarks](#)
- [Shared Savings Program and QPP Interactions Guide](#)
- [Scores for MIPS Alternative Payment Models \(APMs\) Improvement Activities](#)
- [Comprehensive List of APMs](#)
- [Qualified Registries Qualified Posting](#)
- [Qualified Clinical Data Registries Qualified Posting](#)



### For More Information:

- [Resource Library](#) webpage
- Contact [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)



## Recent LearnResource & MedLearn Matters Articles

- [July 2020 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#)
- [Quarterly Update to the National Correct Coding Initiative \(NCCI\) Procedure-to-Procedure \(PTP\) Edits, Version 26.2, Effective July 1, 2020](#)
- [Activation of Systematic Validation Edits for OPPS Providers with Multiple Service Locations – Update — Revised](#)
- [Quarterly Update to the National Correct Coding Initiative \(NCCI\) Procedure-to-Procedure \(PTP\) Edits, Version 26.1, Effective April 1, 2020 — Revised](#)
- [April 2020 Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#)
- [Add Dates of Service \(DOS\) for Pneumococcal Pneumonia Vaccination \(PPV\) Health Care Procedure Code System \(HCPCS\) Codes \(90670, 90732\), and Remove Next Eligible Dates for PPV HCPCS — Revised](#)

## Telemedicine services for Independence members through June 4, 2020

This article was revised on April 3, 2020, to clarify the expansion of Independence's telemedicine services position for commercial and Medicare Advantage members.

Independence is committed to providing our members with access to the care they need. As COVID-19 has escalated into a pandemic, we are working to make sure that our members can receive appropriate testing and treatment for the virus causing COVID-19 if needed.

This article includes information on the expansion;

- Cost sharing waiver – but cost-sharing applies to specialists for services not related to COVID-19
- Expansion to include specialists
- Reimbursement will be at the same level as the current applicable contracted office fee schedule for a standard in-office visit including up to level 5 evaluation and management
- Required documentation is within the article
- Primary Care / Specialty Care Procedure Codes - 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99422, 99423, 99441, 99442, 99443
- Must include location 02 and modifier GT or 95 (Both Medicare Advantage and Commercial) –
  - Telephone only - do not report modifier GT or 95

[CLICK HERE](#) to read the reminder of the article!

## Testing, treatment, and coding for COVID-19 (Coronavirus)

This article was revised on April 7, 2020, to include information on treatment, home testing, prescribing, and updates to billing and coding.

Independence is committed to providing our members with access to the care they need. As COVID-19 has escalated into a pandemic, we are working to make sure that our members can receive appropriate testing and treatment for the virus causing COVID-19 if needed. We encourage all Independence members to visit our dedicated [COVID-19](#) webpage regularly for the latest news And updates. We will continue to evaluate member needs as the situation changes. [READ MORE](#)



## CPT & HCPCS Quarterly Code Update Coverage Determinations for Commercial Products

The intent of this news article is to communicate Commercial Product coverage determinations for services identified through the Quarterly Code Update process. The procedure codes that represent these services will become effective on 4/1/2020. [READ MORE](#)

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## Updates to the list of medical benefit specialty drugs that will require precertification and/or cost-share effective July 1, 2020

### *Specialty drugs that will require precertification*

Effective July 1, 2020, the following specialty drugs, which have been approved by the U.S. Food and Drug Administration (FDA) and are eligible for coverage under the medical benefit for Independence members, will require precertification: [CLICK HERE](#) to view list.

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## Changes to reimbursement of consultation codes for commercial members

Effective April 15, 2020, Independence will update its reimbursement position on the Current Procedural Terminology (CPT®) codes used to report consultation services provided to Independence's commercial members.

[READ MORE](#)



## COVID-19 (CORONAVIRUS) INFORMATION

To ensure our members are quickly able to access the right care in the right setting during the COVID-19 outbreak, Highmark is committed to assisting you in this important effort to ensure that our members have continued access to quality health care despite such challenging circumstances.

As we are all adapting to the rapidly evolving situation, we will continue to update these pages as changes occur.

- [Billing/Coverage for COVID-19 Tests](#)
- [Telemedicine and Virtual Visits](#)
- [Clinical/Operational Updates](#)
- [Talking to your Patients](#)

## HIGHMARK TELEMEDICINE POLICY

Please be advised that any temporary modifications or provisions in our telemedicine policies and procedures are **for dates of service from March 13 through June 13, 2020** unless otherwise noted. Should this change at any time, we will update this information accordingly. [READ MORE](#) including FAQ including....

### *May I provide virtual visits by phone or audio only?*

*Yes. \* Per the OCR's guidelines, during the Public Health Emergency (PHE), a provider may use video **OR audio** to provide virtual visits to patients using any non-public facing remote communication product that is available. Claims billed for these services will be processed the same as a virtual visit that utilizes both audio and video as normally recommended.*

*\*Medicare Advantage NOTE: Highmark Medicare Advantage plans continues to follow [CMS's guidelines](#) for telemedicine visit coverage and reimbursement. Accordingly, only telephonic appointments are appropriate for a Medicare patient's Virtual Check In.*

- [Access](#)
- [Coding / Billing / Reimbursement](#)
- [Member Coverage](#)

### HIGHMARK TO COVER CORONAVIRUS TESTING HIGHMARK INC.



*PITTSBURGH, Pa. (March 6, 2020)* — With COVID-19 (or the coronavirus) commanding the news, Highmark understands that this issue is of great concern for our health plan members. In an effort to address the spread of the coronavirus and bring peace of mind to our members, Highmark will waive prior authorization requirements for the COVID-19 diagnostic test when recommended by a medical professional. Additionally, the COVID-19 diagnostic test will be covered without cost-sharing. This would mean that cost-sharing (i.e. deductibles, copayments and coinsurance) associated with the COVID-19 diagnostic test ordered by a medical professional will be waived for all members.

At their discretion, our self-insured health plan sponsors will be able to opt-out of this program. Any in-network office visits, urgent care center visits, emergency care services and inpatient care will be covered based on benefits provided under the member's plan.

Highmark is actively encouraging our members to utilize telemedicine services that are available to them based on their benefits. In addition, we will waive cost-sharing for covered telemedicine services for a period of 90 days, effective immediately.

Highmark provides telemedicine coverage options through national telemedicine vendors as well as our in-network primary care and specialist providers who choose to offer such services using appropriate telecommunications technology.

Learn more information about the [Coronavirus](#).

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### CLARIFICATION TO "PROVIDERS RESPONSIBLE FOR DISCUSSING MEDICAL POLICY WITH MEMBERS"

Read update [CLICK HERE](#)

## Drugs Added to Site of Care



Highmark Blue Shield has added the following injectable drugs to site of care criteria: Panzyga®, Onpattro®, and Ultomiris. Additionally, all subsequent new to market immune globulin products will be managed through Site of Care.

The Medical Policy will apply to both professional provider and facility claims. The effective date will be May 1, 2020.

Please refer to Medical Policies I-151 Site of Care, I-14 Immune Globulin Therapy, I-130 Eculizumab (Soliris) and Ravulizumab (Ultomiris), and I-202 Treatment of Hereditary Amyloidosis for additional information.

[READ MORE](#)



**PROVIDER NEWS**  
**Most Recent Issue ...**  
[CLICK HERE](#)



## HIGHMARK MEDICAL POLICY UPDATE

*Published Monthly ...* [CLICK HERE](#)

Be sure to review the recently released March edition that includes information on:

- Coverage Guidelines Established for Enfortumab Vedotin-ejfv (Padcev)
- Coverage Guidelines Established for Fam-trastuzumab Deruxtecan-nxki (Enhertu)



## A Few Articles You Won't Want to Miss:

UnitedHealthcare benefits information and resources related to COVID-19, visit [UHCprovider.com/covid19](https://UHCprovider.com/covid19)

### Front & Center

- Prior Authorization Submission Updates
- New Requirements for FDA-Approved NDCs
- Prior Authorization and Notification Requirement Updates

### UnitedHealthcare Commercial

- Prior Authorization and Site of Service Reviews

And Much More...APRIL Monthly Issue  
Available [HERE](#)



## Oncology Related Articles You Won't Want to Miss:

### Medical Policy Updates

#### *Updated:*

- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions

### Medical Benefit Drug Policy Updates

#### *New:*

- Tysabri® (Natalizumab)

#### *Revised:*

- Gonadotropin Releasing Hormone Analogs
- Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)
- Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferic®)

#### *Updated:*

- Adakveo® (Crizanlizumab-Tmca)
- Givlaari® (Givosiran)
- White Blood Cell Colony Stimulating Factors

### Utilization Review Guideline (URG)

#### *Revised:*

- Chemotherapy Observation or Inpatient Hospitalization
- Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service

APRIL Monthly Issue  
Available [HERE](#)





## DRUG SHORTAGES –

If you are looking for a complete list of Drug Shortages from the FDA [CLICK HERE](#).



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## RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- Food and Drug Administration approved durvalumab (IMFINZI, AstraZeneca) in combination with etoposide and either carboplatin or cisplatin as first-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC). [More Information](#). March 30, 2020
- Food and Drug Administration granted accelerated approval to the combination of nivolumab and ipilimumab (OPDIVO and YERVOY, Bristol-Myers Squibb Co.) for patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib. [More Information](#). March 10, 2020
- Food and Drug Administration approved isatuximab-irfc (SARCLISA, sanofi-aventis U.S. LLC) in combination with pomalidomide and dexamethasone for adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor. [More Information](#). March 2, 2020

## COA Urgent Comments to White House on Prior Authorization During COVID-19 Emergency

Re: *Prior Authorizations for Cancer Patients to Receive Treatment*

Dear Mr. President:

We are writing this urgent letter on behalf of the Board of Directors of the Community Oncology Alliance (COA), an organization representing community oncology practices that treat the majority (more than half) of all Americans with cancer. Unfortunately, cancer does not stop for any crisis, and patient treatment must continue during this national emergency.

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### UnitedHealthcare Latest To Waive Patient Out-Of-Pocket Costs For Coronavirus Treatment

*(Forbes) Mar 31, 2020* - UnitedHealth Group's UnitedHealthcare is "waiving member cost-sharing for the treatment of COVID-19" through May 31 for its fully-insured commercial, Medicare Advantage and Medicaid plans."

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## Reimbursement Questions & Answers



If you have reimbursement questions you need answers to, please submit them to the Editor at [Michelle@WeissConsulting.org](mailto:Michelle@WeissConsulting.org)

**Question:** We have a small practice and sometimes our providers are calling in from home (to be safe) or are at the hospital, but the patient is here at the office getting chemo. Can we bill for these services? Are the "incident to" regulations relaxed for our offices?

**Answer:** Medicare Physician Supervision requirements: For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology. To read more about this, [CLICK HERE](#) (look under Workforce).

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**Question:** Is it true that Medicare is not going to take the sequestration money anymore?

**Answer:** It's true. Medicare has temporarily suspended sequestered Medicare payments from May 1 - Dec. 31, 2020!

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**Question:** I thought Medicare wanted us to bill Telehealth with the 02 place of service and no modifier. Now I hear they changed? What is correct and what do we do if we billed it wrong?

**Answer:** It is all changing so fast. You are correct that Medicare wanted the 02 and no modifier initially, they published that in the fact sheet on March 27th, however, they modified that on March 30th and are asking providers, when billing the E & M codes, to bill with the place of service the visit would have taken place and a 95 modifier indicating it was a telemedicine visit. As far as claims you have already billed, it is likely the claims with the 02 place of service with E & M codes will reject. If that occurs, I would simply rebill the claim with new instructions.

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**Question:** If our PA is doing a telemedicine visit from her home and she is still following the physician's plan of care, can we bill under the physician's NPI?

**Answer:** To bill an "incident to" service the supervision provider would have to be in the suite and available. Since the PA is working from home, it is my opinion that they would need to bill the telehealth service under her own provider number as this would not qualify for "incident to".

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**Question:** Our nurses are making a ton of phone calls and, after discussion from the physician, doing phone education, etc. Are there phone call codes for nurses?

**Answer:** Within CMS-1744-IFC, CMS references the ability to bill for Non-physician - Non-Face-to-Face - management services provided by a qualified health care professional to a patient using the telephone.

98966	\$14.41 (National Reimbursement Rate)	5 – 10 minutes of medical discussion
98967	\$28.15 (National Reimbursement Rate)	11 – 20 minutes of medical discussion
98968	\$41.14 (National Reimbursement Rate)	21 – 30 minutes of medical discussion

*Note: You must have patient consent. Refer to your AMA CPT and CMS for other rules related to these visits - you will find these codes at the end of the book.*

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**Question:** Can you define "qualified healthcare professional"?

**Answer:** In 2013, the American Medical Association (AMA) established a definition for a qualified healthcare professional (QHP), in terms of which providers may report medical services:

"A 'physician or other qualified health care professional' is an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service."

QHPs are distinct from clinical staff. The clinical staff is comprised of employees (leased or contracted staff) who work under the supervision of a physician or other QHP to perform, or assist in the performance of, a specified professional service as allowed by law, regulation, and facility policy; but who do not individually report that professional service (payer-specific policies may also affect who may report specific services). Clinical staff includes medical assistants, licensed practical nurses, registered nurses, and the like.

Possible QHPs — depending on state scope of practice, licensing, and the Centers for Medicare & Medicaid Services' (CMS), or other payers', guidelines — are:

- Nurse practitioner (NP)
- Certified nurse specialist (CNS)
- Physician assistant (PA)
- Certified nurse mid-wife (CNM)
- Certified registered nurse anesthetist (CRNA)
- Clinical social worker (CSW)
- Physical therapist (PT)

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**Question:** For a Medicare patient, can the doctor's office decide if we waive or reduce the patient copay?

**Answer:** Yes, the CMS 1135 Waiver allows HHS Office of Inspector General (OIG) to provide flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

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**Question:** Place of Service 11 or 21, 22 for Telehealth only applies to Medicare?

**Answer:** Yes, along with modifier 95. The direction came from the CMS-1744-IFC, released on 3/30 and retroactive to 3/1 and is for traditional Medicare. Prior to that announcement they wanted 02 place of service. You must confirm with each commercial payer what they require.

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**Question:** Can we bill Medicare the E & M visit codes for a physician phone call only, no video? If not, what do we bill?

**Answer:** No, at this point Medicare requires a face-to-face with the patient in order to bill the E & M visit codes. You would instead consider the CPT 99441 - 99443 telephone call codes which have been assigned RVUs by Medicare and are now reimbursable codes.

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**Question:** Do we need patient consent to bill telehealth codes or are we ok with what they signed when they first came to our office?

**Answer:** I recommend informing the patient and obtaining consent for ALL telehealth services. Make sure you are documenting consent in the patient's medical record!

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**Question:** If a patient called our office and asked for a doctor or nurse to return the call, would that qualify for "patient-initiated"?

**Answer:** Yes, as long as the physician or nurse isn't pro-actively calling the patient, it would qualify for patient-initiated.

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**Question:** I am hoping that I can ask your opinion on the codes 99441-99443. I understand that Medicare has them listed as an N, but for some reason, the doctors want me to use these codes. Plus the computer company that we have our EHR through is telling us to use these codes. I have sent them the CMS guidelines, but they still want to do it. I told them to use G2012. These are extremely crazy times, but I want to make sure that we are doing everything correctly. Also, what should we consider when billing Medicare for the times the doctor is on facetime?

**Answer:** There are codes for when a doctor calls a patient, and Medicare has assigned RVUs and the codes are payable. **Telephone services (99441-99443)**

If your provider is calling the patient AND using video (like facetime) then you will bill the office visits codes with a place of service indicating where the visit WOULD HAVE occurred (ie: office) and then a modifier 95 indicating it is a telehealth visit. This instruction can be found within the CMS-1744-IFC.

*\*Telehealth visits by qualified providers\*\* - now allowing the use of cell phone/face time or any interactive audio and video telecommunications system that permits real-time communication between provider & patient at home or in a healthcare facility (where the provider is not)."*

*\*\*NOTE: Provider must be qualified - meaning physicians, NPPs, etc., - those allowed to bill Medicare for visits*

\*Use office visit codes the same as you would if the patient were in the office (99201 - 99215). These visits are considered the same as in-person visits and will be reimbursed the same.

\*Document like a regular office visit but include information related to telehealth visit; for example - *the patient was home and the visit was performed using facetime on a cell phone.*

\*Document patient consent.

\*Telehealth visits will still generate an out of pocket cost for the patient - same as an in-person visit, however, OIG is providing flexibility for healthcare providers to reduce or waive the cost-sharing for any federal healthcare program.

\*These changes will remain in place as long as the "Public Health Emergency" declared by the Secretary of HHS is in place.

\*If the patient is in the hospital and the provider is off-site performing the virtual visit - the hospital can bill for the originating site facility fee, Q3014.

\*We are allowed to notify our patients that telehealth services are available in lieu of a face-to-face visit.

\*There are other telehealth codes such as virtual check-in and e-visits but most likely our physicians will most likely want/need to use the office visit codes as reimbursement is higher BUT they must use audio and video technology.

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**Question:** I know everything is changing so rapidly, but I thought for Medicare G2012 was used not 99441-99443. Can you clarify?

**Answer:** G2012 is the virtual check-in code that has been payable all year. That call was meant to be a quick check in with the patient (less than 5 min). Since managing patients at home and telehealth expansion, Medicare also approved use of the phone call codes, at least during this COVID-19 crisis.

So, the phone call codes are now payable and, are based on time. Medicare said they approved them: this quote is from the CMS-1744-IFC...

*"However, in the context of the goal of reducing exposure risks associated with the PHE for the COVID-19 pandemic, especially in the case that two-way, audio and video technology required to furnish a Medicare telehealth service might not be available, we believe there are many circumstances where prolonged, audio-only communication between the practitioner and the patient could be clinically appropriate yet not fully replace a face-to-face visit. We believe that the existing telephone E/M codes, in both description and valuation, are the best way to recognize the relative resource costs of these kinds of services. Therefore, we are finalizing, on an interim basis for the duration of the PHE for the COVID-19 pandemic, separate payment for CPT codes 98966-98968 and CPT codes 99441-99443."*

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**Question:** Thank you so much for digging through all the telehealth information!! It is so appreciated as there are just tons of it coming from everywhere. One hopefully quick question for you though... It seems I read somewhere that the time the provider spends looking over documentation prior to the telehealth visit could be added into the time of the actual visit and used for coding. Do you have anything on this?

**Answer:** Probably why SO many physicians were SO excited when CMS allowed the use of Medical Decision Making or time to determine the level for the telemedicine visit!!! MDM includes the data you review and the risk of the patient.

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DIAMOND LEVEL



GOLD LEVEL



SILVER LEVEL



## POHMS Committees

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### *Finance Committee*

CHAIR: Roxanne Alessandroni

### *Marketing/Membership Development*

CHAIR: Ellen Bauer

### *Programs Committee*

CHAIR: TBD

## Our Mission

POHMS provides education and operational best practices to Hematology Oncology members through professional development and networking. The organization empowers members by creating an environment of support, collaboration and continuous learning.

## Vision Statement

Active leadership and unity for all POHMS members to thrive in the evolving Hematology Oncology community.

## Values Statement

At POHMS, we are committed to the highest standards of ethics and integrity and strongly believe that we are responsible to our members, stakeholders, and to the communities we serve. As a part of our responsibility, we strive to create an environment of continuous learning and improvement in the oncology hematology industry.

We are passionate about the success of our members. Our driving innovation and commitment to personal and professional development makes an invaluable resource. Educational programs and professional meetings help foster a network of growth, support, and collaboration. The sharing of ideas and trends enable POHMS to continue to build upon our tradition of innovation.

## POHMS Board of Directors

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Diane Carter, MSN, RN  
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Roxanne Alessandroni  
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