



COVID-19: Local Payer Updates

Update #9 from the NYS AAP - Chapter 2 & 3

PEDIATRIC COUNCIL

Your Pediatric Council addresses billing and payment issues with insurers. We strive to facilitate better working relationships between pediatricians and health insurance plans, and to improve quality of care for children.

Dear NYS AAP - Chapter 2 Member,

As we continue to deal with the effects of the National Health Emergency on our patients and our practices, it remains our goal to keep our members updated with information from the payers in our region. Regulations and instructions are constantly in flux, and the information herein is accurate to the best of our knowledge as of September 30th.

Return to School Resources

The Chapter 3 School Health Committee has developed resources to help pediatricians handle the inevitable questions which will arise as kids return to school, including guidance on how to handle situations where they are sent home because of symptoms which might be related to COVID-19. For more information see:

- [Return-to-School Flowchart](#)
- [Sample School Nurse's Note](#) that could be sent to you
- [Sample Health Care Provider Letter to Provide Clearance for Your Patients](#)

New CPT Code: 99072

CMS has approved a new CPT code, 99072, which is intended to cover SOME of the additional expenses (staff time, masks, extra cleaning time and supplies) associated with remaining open during the national public health emergency (PHE). The definition of the CPT 99072 is *Additional supplies, materials, and preparation time required and provided by the physician or other qualified health care professional and/or clinical staff over and above those usually included in an office visit or other service(s), when performed during a nationally declared public health emergency due to respiratory transmitted infectious disease* for any in-office service provided during the Public Health Emergency (which includes sick visits, well visits and immunization only visits.)

The code is active as of September 8th and can be billed with every in-person visit since that date; however, an RVU value has not been assigned to this code, and until one is, it is unlikely that any payer will be making payment on it. However, the Pediatric Council recommends billing the code for all visits for two reasons: First, it demonstrates that we are, in fact, performing the additional services, and second, it is conceivable that, once an RVU

value is assigned, payers will pay codes retroactively. More information on this, and other COVID-19 related coding questions, is available in a regularly updated document from the AAP at: <https://downloads.aap.org/AAP/PDF/COVID%202020.pdf>. CPT code 99072 may be billed with code 99070 (PPE costs).

AAP Resource on Code Valuation and Payment RBRVS

The AAP has an updated webpage on coding and RBRVS issues, which includes letters sent to CMS about the immunization administration fee reductions:

<https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Coding-at-the-AAP/Pages/Code-Valuation-and-PaymentRBRVS.aspx>

Update on Payment for Telehealth Services

Aetna:

Aetna has extended their coverage for telehealth visits through December 31, 2020. This includes extending all member cost-sharing waivers for in-network telemedicine visits for outpatient behavioral and mental health counseling services only for Aetna-insured Commercial plan members. It appears that cost-sharing (copayments and deductibles) are NOT waived for general medical care visits, however, so members should continue to collect this cost-sharing amount as appropriate. Aetna and self-insured plan sponsors, as appropriate, will continue to cover member cost-sharing for services included in the Families First Coronavirus Response Act (such as COVID-19 testing and visits resulting in a COVID-19 test). Self-insured plan sponsors offer this waiver at their discretion. See the Aetna FAQ at: <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html>.

Cigna:

Extending coverage for virtual care through December 31, 2020. (And they state that they will be working on a “permanent” arrangement for virtual care as well.) Cost-sharing waiver for COVID related services extended until October 31, 2020.

See: <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

UHC:

Coverage for telehealth for non-COVID related care extended FOR IN-NETWORK PROVIDERS through December 31, 2020 (ended July 24, 2020 for NON-COVID-related services by out-of-network providers, and will continue for COVID-related services by non-par providers through October 22, 2020.) Telehealth for COVID-related services will continue for the duration of the National Emergency. Ending cost sharing waiver for non COVID 9/30/20; for COVID related services, the cost-sharing waiver for both in- and out-of-network providers will continue for the duration of the national Emergency which is ongoing. See:

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>

There are no new updates to the following insurer policies at this time:

Anthem:

Will end cost sharing waiver for non-COVID services 9/13; for COVID related care 12/31.

Wellcare:

No end date in sight as of now (no cost sharing for them as a Medicaid plan).

Humana:

Cost sharing waiver continuing through 12/31. No end date for coverage of telehealth visits is listed, and coverage is currently provided for telephone-only care as well.

Requests for Documentation of Visits

If you receive requests for documentation of visits during the time your office was closed, we would like to hear about it. Some offices have received requests for copies of telehealth visits when a diagnosis of pharyngitis was made and no throat culture or strep screen was done. Certain quality measures may not be met this year, and no practice should be penalized for circumstances beyond their control.

With our best wishes,

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Useful Info from the National AAP

There is a vast trove of useful information available from the National AAP. CEO Mark Del Monte shared information on many AAP initiatives in a recent email, available [here](#).

The Payer Advocacy Advisory Committee, chaired by Sue Kressly of PA, is dedicated to helping pediatricians address all manner of issues with insurance companies and other payers, including Medicaid. PAAC recently posted the following resources available through the National AAP:

- Payment Advocacy for Telehealth: https://downloads.aap.org/DOPA/Telehealth_2_rev.pdf
- State Notices about Telehealth in responses to COVID-19: <https://downloads.aap.org/DOCCSA/State-Telehealth-Notices.pdf>
- FAQs for Medicaid and CHIP responses to COVID-19: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>
- Coding and Billing for Non-direct care: <https://downloads.aap.org/AAP/PDF/COVID%202020.pdf>

The AAP Coding Hotline is available to answer coding questions via email at aapcodinghotline@aap.org. In addition, a recording of a webinar on Coding During the COVID-19 Pandemic is available for viewing [here](#).

The NYS AAP - CHAPTER 2 is YOUR Local AAP Chapter

The New York State American Academy of Pediatrics (NYS AAP) is comprised of three local AAP Chapters, Chapters 1, 2, and 3, who work together as a coalition.

Your Chapter, the NYS AAP - Chapter 2, has 1,600 members in 4 counties: Brooklyn, Queens, Nassau and Suffolk.

To learn more about Chapter 2, please view our [Member Value Flyer](#) which describes the value of Chapter membership.

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