



# COVID-19: Local Payer Updates

*Update #10 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 November 4th.

## **Revised RVU Values for 2021 Immunization Administration Codes**

CMS has revised the RVU values for immunization administration codes for 2021, in response to concerted pressure from the AAP following two years where the codes had been significantly reduced. The AAP has an updated page on coding and RBRVS issues, which includes letters sent to CMS about the immunization administration fee reductions which led to these revaluations: <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Coding-at-the-AAP/Pages/Code-Valuation-and-PaymentRBRVS.aspx>

## **Update on Influenza Vaccine**

Most offices have received adequate supplies of influenza vaccine, although there are some areas where shipments have been delayed. IF YOU HAVE ORDERED 0.25 mL PRE-FILLED SYRINGES, the CDC has stated that this particular presentation will NOT be available this season. For Sanofi and GSK products, all children aged 6 months and up can be vaccinated with the 0.5 mL dose. More information is available at: <https://www.cdc.gov/flu/professionals/acip/2020-2021/acip-table.htm>

## **CPT Coding Changes for 2021**

Everyone should be aware by now that the criteria for determining the appropriate E/M code for ambulatory visits will be changing on January 1, 2021. These changes will simplify documentation requirements, but are significantly different from current practice. More information is available from the AAP: <https://services.aap.org/en/practice-management/2021-office-based-em-changes/faqs-2021-office-based-em-changes/> Another summary is available

at: <https://www.medicaleconomics.com/view/major-coding-changes-for-2021-explained> In addition, Sue Kressly, MD FAAP has shared a video discussion which was originally produced for users of Office Practicum, but which can be viewed at: <https://youtu.be/-WJx63RYCHo>

## Members Receiving Letters from Insurers

Several members have recently received notices from some insurers that their fee schedules are being cut. Unfortunately, fee schedules are a function of your contracts with the insurers, and most contain a clause giving the insurer the right to change fee schedules with a certain advance notice. If this is the case, your only choice may be to terminate your participation with the plan if you determine that the reduced fee schedule is too low for you to accept. Since this is an issue of your contract, there is little that the Chapter or the AAP can do to assist you.

Other members have been notified that they are being dropped from an insurer's panel of participating physicians. If you receive such a notice, please notify us as soon as possible, and we will pass your information on to the Payer Advocacy Advisory Committee (PAAC) of the AAP. You may also contact the NYS Insurance Commissioner and file a complaint. While the insurer may be within their rights to do this, they are required to meet standards for "network adequacy." If your being dropped will leave gaps in participating provider coverage for your patients, the Insurance Commissioner may be able to provide assistance.

## OPMC Signage Requirements for NY Physicians

Despite opposition, Governor Cuomo recently signed into law a requirement for physicians to post a conspicuous sign identifying how to contact OPMC for reporting suspected physician misconduct.

The law does not specify language to be used in the sign. Please find below suggested language from MSSNY and their legal counsel to meet the requirements of the law.

***"We are committed to ensuring that our patients receive appropriate medical care. You can get information regarding your rights and how to report professional misconduct at <https://www.health.ny.gov/professionals/doctors/conduct>."***

## Update on Payment for Telehealth Services

### **Cigna:**

Cigna has just implemented a new policy on coverage for virtual care, which is effective January 1, 2021 (or after the end of the Public Health Emergency.) They will be "reimbursing" (sic) for E/M visits at parity with face-to-face in person visits, using the -95 modifier and POS code 11 (not 02) for services provided starting on January 1. (While their updates state that "wellness visits" will be included, the codes 99381-99395 are NOT currently on their list of covered codes.) More information is available at: <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html>

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

### **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>.

#### **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>

#### **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.

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## **REMINDERS:**

*These next few topics were shared in our last email, but we wanted to share them again in case they were missed.*

### **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).

*Nov. 4th Update:* Some early data suggests that some payors (some Aetna and Cigna plans, some BCBS plans scattered through the country, and Tricare) are paying, but many are not. Of those paid claims, the average payment has been almost \$17 (information from Chip Hart as of last week.)

## 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.

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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](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](mailto: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.

**CONTACT US - (We'd love to hear from you!)**

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