

Self-Isolation Counseling Coding

Background

On July 30, CMS and the Centers for Disease Control and Prevention (CDC) announced that payment is available to physicians and health care providers to counsel patients at the time of Coronavirus Disease 2019 (COVID-19) testing, about the importance of self-isolation after they are tested and prior to the onset of symptoms.¹

Provider counseling to patients, at the time of their COVID-19 testing, must include documentation supporting the following discussion.

- ✓ Immediate need for isolation, even before results are available.
- ✓ Importance to inform their immediate household that they too should be tested for COVID-19.
- ✓ Review of signs and symptoms and services available to them to aid in isolating at home.
- ✓ If they test positive, to wear a mask at all times, and they will be contacted by public health authorities and asked to provide information for contact tracing.
- ✓ If they test positive, notify their immediate household and recent contacts to be tested for COVID-19 and to self-isolate as well.

A counseling and documentation checklist have been provided by CMS. The checklist as well as links to many other resources to manage these patients may be found at: <https://www.cms.gov/files/document/counseling-checklist.pdf>.

CMS will use existing evaluation and management payment codes to reimburse providers **who are eligible to bill CMS for counseling services** no matter where a test is administered, including doctor's offices, urgent care clinics, hospitals, and community drive-thru or pharmacy testing sites.

nThrive submitted an inquiry to CMS requesting confirmation that if a counseling visit is provided and billed with an E/M code based on face-to-face counseling time this would supersede and replace the billing of the specimen collection code C9803, *Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source*; or the low level visit code 99211 for collection in a physician office.

CMS replied on July 31, 2020 confirming that reporting the counseling visit would preclude reporting the collection code. The response quoted information available in the CMS [FAQ document](#), Q&A No. 12, pg. 9 under the Diagnostic Laboratory Services section:

The CDC has indicated that transmission of COVID-19 occurs from both symptomatic, pre-symptomatic, and asymptomatic individuals emphasizing the importance of education on self-isolation as the spread of the virus can be reduced significantly by having patients isolated earlier, while waiting for test results or symptom onset.

“Medicare is also paying for specimen collection by hospital outpatient departments and physician offices at their locations. Hospital outpatient departments can use new HCPCS code C9803 to bill for a clinic visit dedicated to specimen collection. **This service is conditionally packaged and only receives separate payment when it is billed without another primary covered hospital outpatient service** or with a clinical diagnostic laboratory test that is assigned status indicator “A” in Addendum B of the OPPTS. Physician offices can use CPT code 99211 when office clinical staff furnish assessment of symptoms and specimen collection incident to the billing professional’s services for both new and established patients. **When the specimen collection is performed as part of another service or procedure, such as a higher-level visit furnished by the billing practitioner, that higher level visit code should be billed, and the specimen collection would not be separately payable.** Physicians can bill for services provided by pharmacists incident to their professional services consistent with requirements under 42 CFR 410.26 and state scope of practice and license requirements. The specimen collection codes (which do not include CPT code 99211) are only active during the PHE. New 6/19/20”

Guidance

1. Review counseling checklist and other materials available on the CMS website with providers in all applicable locations.
2. Educate staff to report the counseling service rather than COVID-19 Coronavirus specimen collection charge when they occur during the same encounter. Use of a modifier to report both is not appropriate.
3. Ensure counseling service E/M code is selected based on the face-to-face counseling time versus other E/M selection criteria.



Sources

1. CMS MLN Matters, Special Edition Article SE20011. ■