

## COVID-19 FAQ

**14. We were asked to conduct in-home follow-up medical checks on patients who tested positive for COVID-19 but did not require hospital care. Can we charge for these wellness checks?**

Date Added: 04/09/20

Answer: Yes. However, there are several things to consider, and it is important to determine the appropriate payer or party to bill for this service.

**Third Party Commercial Payers.** Commercial payers *may* pay for the wellness check and you should always check the terms of each commercial payer’s policy. Note that HCPCS code A0998 (“Treatment without transport”) is already used by some commercial payers for treat no transport (TNT). However, some payers correlate A0998 to an initial 911 call where the patient ultimately does not require transport. Thus, to try to bill payers using that code might not be technically correct. Accordingly, you could try A0999 (“unlisted ambulance service”) to bill for follow-up wellness checks to commercial payers to avoid any confusion with the A0998 code. If not covered by commercial insurance, the patient could be billed.

**Medicare.** Medicare will **not** reimburse ambulance services directly for a wellness visit. Thus, as a Medicare non-covered service, the Medicare beneficiary could be billed directly. The patient might not be agreeable to financial liability, if they did not ask for the follow-up visit. As a non-covered service, the ABN *could* be used (it is not required) to advise the patient of financial liability prior to providing the non-covered service.

CMS stated in its interim final rule on Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency that a physician may enter into a contractual arrangement with an ambulance service, for auxiliary personnel to be present in the home with the patient during ***telehealth services*** for such things as an evaluation and management visit. In this case, the ambulance service could bill the physician with whom they had contracted to provide these services, at the agreed upon rate. If no such contract exists, the home visit may be billable to the patient as a Medicare non-covered service. Keep in mind, however, that this is an option only if the EMS crew uses telehealth to allow a physician to communicate with the patient – in other words the EMS crew is used as a conduit to facilitate the patient-physician interaction. If this telehealth does **not** occur (i.e., the EMS crew evaluates the patient without a physician being involved) then the telehealth option is not available.

**Medicaid.** Some state Medicaid programs *might* pay for this service. For example, California Medicaid will pay ambulance services for responding to a call, whether emergency or non-emergency, even if there is no patient transported. It is important to check with your state Medicaid program to see if they pay for such services, the requirements to receive payment and whether there is a difference between treat no transport (perhaps stemming from a 911 call) and follow-up visit.

**Services Provided for Hospitals.** If this service is done in conjunction with the hospital, the hospital *might* be willing to pay the ambulance service directly for these wellness checks. Assuming the patient

was in the hospital and discharged for home-quarantine, arranging for these follow-up visits with an EMS agency beats the alternative of having these patients come (perhaps unnecessarily) into the hospital for the follow-up and/or a potential readmission. A wellness check is a service that benefits the (already strained) hospital. In the very least, the hospital could inform the patient of the need for such wellness checks and advise the patient at that time of any charge that may be involved. Make sure to check with your attorney to avoid any potential Anti-Kickback Statute or other legal concerns when contracting with a facility for wellness visits.