

The End of the Public Health Emergency

The federal Public Health Emergency (PHE) related to the COVID-19 pandemic ended on **May 11, 2023**. In this resource, you will find the latest PHE policy and procedure updates that may affect Healthfirst participating providers.

If you have any questions, please call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Thank you for working with Healthfirst and caring for our members.

Table of Contents

Telehealth POS Changes.....	2
Changes to the FY 2023 Hospital IPPS Final Rule	3
Discontinuation of Billing CR and DR Modifiers and Condition Codes	4
Urgent Update on Codes for COVID-19 Testing.....	5

Telehealth POS Changes

During the COVID-19 pandemic Public Health Emergency (PHE), providers were afforded additional flexibility to submit Telehealth claims regardless of the place of service. Now that the federal PHE has ended, Healthfirst will align with New York State (NYS) and Centers for Medicare & Medicaid Services (CMS) guidance on Telehealth Place of Service (POS) billing and reimbursement.

What providers need to know:

- Effective **April 1, 2024**, Healthfirst will no longer accept POS 11 with Modifier 95 as a Telehealth claim.
- Effective **April 1, 2024**, Telehealth claims submitted with POS 02 (Telehealth provided other than member's home) will be processed at a non-office place of service reimbursement rate, unless otherwise provided by your contract.

We value your continued participation and commitment to our members. If you have questions or need more information, please call Healthfirst Provider Services at 1-888-801-1660, Monday to Friday, 8:30am–5:30pm.

Changes to the FY 2023 Hospital IPPS Final Rule

Section 3710 of the CARES Act directs the Secretary to increase the weighting factor of the assigned Diagnosis-Related Group (DRG) by 20 percent for an individual diagnosed with COVID-19 and discharged during the COVID-19 PHE period.

This 20 percent increase will not be applicable for Inpatient Prospective Payment System (IPPS) discharges that occur on or after May 12, 2023.

You can find complete details on the FY 2023 Hospital IPPS final rule [here](#). Healthfirst will follow this final rule for inpatient acute stays that are based on the CMS 2023 IPPS payment method.

Discontinuation of Billing CR and DR Modifiers and Condition Codes

Providers may discontinue the use of billing CR (catastrophe related) and DR (disaster related) modifiers and condition codes for COVID-19 related services.

CR modifier and DR condition codes should be reported only during a Public Health Emergency (PHE) when a formal waiver is in place. Therefore, codes should no longer be billed for claims with dates of service on or after **May 12, 2023**.

Urgent Update on Codes for COVID-19 Testing

In accordance with the Centers for Medicare & Medicaid Services (CMS) Public Health Emergency (PHE) rulings 2020-1-R and 2020-1-R2, Healthfirst temporarily increased payments for laboratory tests used to detect infectious COVID-19 when performed using high throughput technologies and billed under CPT U0003, U0004, and U0005. With the end of the COVID-19 PHE, CMS has discontinued the higher reimbursement rates and returned to traditional laboratory payment methodologies. In addition, Healthfirst has discontinued coverage and reimbursement of HCPCS codes U0003, U0004, and U0005 effective for COVID-19 testing performed on or after **May 12, 2023. Please use the appropriate COVID-19 testing codes when billing for such tests for all lines of business.**

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS, and ICD-10 coding principles; National Uniform Billing Editor's revenue coding guidelines; CPT Assistant guidelines; New York State-specific coding, billing, and payment policies; and national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to understand reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").

24-5002 PRX24_19