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CMS Explains How to Bill Without 20% COVID-19 Bonus; Q Vs. G Code Depends on Location

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In a Sept. 11 update, CMS told hospitals how to prevent overpayments for the 20% Medicare bonus for treating inpatients with COVID-19 when there's no proof of a positive lab test for the coronavirus. A new *MLN Matters*^[1] explains how to act on CMS's August surprise, which ended the extra money for MS-DRG claims with a diagnosis code of ICD-10 U07.1 (COVID-19) unless hospitals have documentation of a positive test (e.g., from a lab, clinic or the hospital itself).^[2] The new guidance is the latest COVID-19 public health emergency (PHE) news for hospitals to absorb as they continue to address challenging areas, including whether to bill codes Q3014 versus G0463 for outpatient services.

Medicare's 20% bonus for COVID-19-related MS-DRGs was mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act in March. But CMS recently decided that for program integrity reasons, hospitals must have documentation of a positive test for admissions starting Sept. 1. Until the Sept. 11 transmittal, however, it was unclear how hospitals would single out claims that lacked the test for their Medicare administrative contractors. Now they have instructions.

"To notify your MAC when there is no evidence of a positive laboratory test documented in the patient's medical record, enter a Billing Note NTE02 'No Pos Test' on the electronic claim 837I or a remark 'No Pos Test' on a paper claim," according to the *MLN Matters*.

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