

# Payment Policy: COVID-19 Billing Guidelines



## Commercial/Medicare Advantage

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
R20200019	03/16/2020	RPC (Reimbursement Policy Committee)

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY:**

ConnectiCare has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. ConnectiCare will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in ConnectiCare's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by ConnectiCare due to programming or other constraints; however, ConnectiCare strives to minimize these variations.

ConnectiCare follows coding edits that are based on industry sources, including, but not limited to; CPT guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. ConnectiCare uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how ConnectiCare handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, ConnectiCare may deny the claim and/or recoup claim payment.

## **Overview**

In late 2019, a new Coronavirus was identified as the cause of an outbreak of acute respiratory illness (COVID-19). Since then, an increasing number of COVID-19 cases have been reported in other countries, including the United States, and now Connecticut, Massachusetts, and New York. The purpose of this guidance is to guide providers to the appropriate resources and guidelines relating to COVID-19.

**ConnectiCare will cover medically necessary diagnostic tests that are consistent with Centers for Disease Control and Prevention (CDC) guidance related to the COVID-19 at no cost share to members.**

ConnectiCare will waive member cost sharing; including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with state and federal law and CDC guidelines for all Commercial and Medicare Advantage members.

**You must use appropriate COVID-19 modifier CS for COVID-19 services related to determining the need for a COVID Test. ConnectiCare will follow CMS' billing guidelines for related services 6/1/2022 until end of PHE.**

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**Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19**

For the most up to date criteria please visit the CDC website(s) below:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

**Procedure Code(s) for COVID-19 Laboratory Testing:**

*Must have CLIA Certificate of Compliance or Accreditation for Moderate or High Complexity Testing **unless designated as a CLIA waived test. Listing of a test below does not indicate coverage. Benefits and federal/state mandates dictate coverage.***

CPT Code	Description
<b>U0001</b>	Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
<b>U0002</b>	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)
<b>U0003</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, <u>making use of high throughput technologies as described by CMS-2020-01-R. (Effective 3/18/2020)</u>
<b>U0004</b>	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, <u>making use of high throughput technologies as described by CMS-2020-01-R. (Effective 04/14/2020)</u>
<b>U0005</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004) (Effective 1/01/2021)
<b>87635</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (Effective 04/14/2020)
<b>87636</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
<b>87637</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

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CPT Code	Description
<b>0240U</b>	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected (Xpert® Xpress SARSCoV-2/Flu/RSV (SARS-CoV-2 & Flu Targets only), Cepheid)
<b>0241U</b>	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected (Xpert® Xpress SARSCoV-2/Flu/RSV (all targets), Cepheid)

**Procedure Code for COVID-19 Antigen Testing:**

CPT Code	Description
<b>87426</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) (Effective 06/25/2020)
<b>87428</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
<b>87811</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

**Procedure Codes for COVID-19 Antibody Testing:**

*Must have CLIA Certificate of Compliance or Accreditation for Moderate or High Complexity Testing*

CPT Code	Description
<b>0224U</b>	<ul style="list-style-type: none"> <li>Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed</li> </ul>
<b>86328</b>	<ul style="list-style-type: none"> <li>Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</li> <li>This testing method typically includes a strip with all of the critical components for the assay and is appropriate for a point of care platform. (Effective 04/10/2020)</li> </ul>
<b>86408</b>	<ul style="list-style-type: none"> <li>Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen</li> </ul>
<b>86409</b>	<ul style="list-style-type: none"> <li>Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer</li> </ul>

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CPT Code	Description
<b>86769</b>	<ul style="list-style-type: none"> <li>Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</li> <li>Established for antibody tests using a multiple step method. (Effective 4/10/2020)</li> </ul>
<b>86413</b>	<ul style="list-style-type: none"> <li>Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative</li> </ul>

**COVID-19 Testing – Other Services**

CPT Code	Description
<b>99211-CS</b>	<ul style="list-style-type: none"> <li><u>Physician Office specimen collection</u> for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source</li> </ul>
<b>C9803</b>	<ul style="list-style-type: none"> <li><u>Hospital outpatient clinic visit specimen collection</u> for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source (Outpatient Hospital Facility Only)</li> </ul>
<b>99072- Not separately reimbursed</b>	<ul style="list-style-type: none"> <li>Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease</li> </ul>

**Homebound patients and inpatients (*not in a hospital*) as per COVID-19 pandemic applies to those patients:**

1. Where a physician has determined that it is medically contraindicated for a member to leave the home because he or she has a confirmed or suspected diagnosis of COVID-19;  
**or**
2. Where a physician has determined that it is medically contraindicated for a member to leave the home because the patient has a condition that may make the patient more susceptible to contracting COVID-19.

*Note: A patient who is exercising "self-quarantine" for his or her own safety, would not be considered "homebound" unless it is also medically contraindicated for the patient to leave the home.*

**Effective for dates of service 3/01/2020 (or after);** in accordance with CMS guidelines, ConnectiCare will reimburse for transportation and expenses for trained personnel to collect specimens from homebound patients and inpatients (not in a hospital) for purposes of COVID-19 testing.

*Note: For payment to be made for sample collection, the method of sample collection must require some training or skill on the part of the laboratory technician and cannot be conducted by the member, the member's caregiver, or facility staff if the facility does not have a laboratory, and therefore, is using an outside laboratory to perform its testing of patients. The technician must personally draw the specimen.*

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**Procedure Codes for COVID-19 Testing Specimen Collection by an independent laboratory (*homebound members*):**

HCPCS Code	Description
<b>G2023</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source ( <i>Effective 3/01/2020</i> )
<b>G2024</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF (skilled nursing facility) or by a laboratory on behalf of a HHA (Home Health Agency), any specimen source ( <i>Effective 3/01/2020</i> )
<b>P9603</b>	<ul style="list-style-type: none"> <li>Travel allowance, one way, in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; miles actually traveled</li> <li>The per mile travel allowance is to be used in situations where the average trip to patients' homes is longer than <u>20 miles round trip</u>.</li> <li>Do <u>not</u> append the LR modifier to P9603, even if you are billing for round trip mileage.</li> </ul>
<b>P9604</b>	<ul style="list-style-type: none"> <li>Travel allowance, one way, in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient</li> <li>The flat rate travel allowance is to be used in areas where average trips are <u>less than 20 miles round trip</u></li> <li>Submitted with modifier LR (laboratory round trip)</li> </ul>

**Modifier(s) for COVID-19 Services:**

CPT Code	Description
<b>CR</b>	Disaster related – (Use with 1135 waiver services)
<b>CS</b>	COVID-19 testing related service
<b>DR (CC)</b>	Disaster related – (Use condition code on UB-04 claims)
<b>LR</b>	Laboratory round trip (applies to HCPCS code P9604 only)

**Modifier CS Appropriate Use:**

- Modifier CS: Identifies that the services *resulted* in a COVID-19 test  
Examples:
  - The service results in an order for or administration of a COVID-19 test
  - The service is related to furnishing or administering the test
  - The service is for the evaluation to determine if the patient needs a COVID-19 test

*Do not append Modifier CS if treatment/services are related only to treating COVID-19*

*Example:* Patient goes to Urgent Care Center for worsening COVID symptoms. Patient states that the COVID diagnosis was confirmed via a home test (or test from another provider) few days prior. In this instance, it is **not** appropriate to append modifier CS for the services provided at the Urgent Care Center since a COVID test was not performed as the services provided were related to the treatment of confirmed COVID.

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**DIAGNOSIS CODING FOR ANY SERVICES RELATED TO COVID-19 TESTING PLEASE USE:**

- During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).
- For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, contact with and (suspected) exposure to COVID-19. For symptomatic individuals use Z20.822 as an additional code.

ICD-10-CM Official Coding Guidelines - Supplement Coding Encounters Related to COVID-19 Coronavirus Outbreak

<https://www.cdc.gov/nchs/data/icd/ICD-10cmguidelines-FY2021-COVID-update-January-2021-508.pdf>

ICD-10	Description
Z20.822	Contact with and (suspected) exposure to COVID-19

**Unconfirmed Infections of COVID-19**

In addition to the codes above, for patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

ICD-10	Description	Submitted with:
R05	Cough	Z20.822
R06.02	Shortness of breath	Z20.822
R50.9	Fever, unspecified	Z20.822

**Severe acute lower respiratory illness with *unconfirmed* cases:**

ICD-10	Description	Submitted with:
J12.89	Other viral pneumonia	Z20.822
J20.8	Acute bronchitis due to other specified organisms	Z20.822
J80	Acute respiratory distress syndrome (ARDS)	Z20.822
J22	Lower respiratory infection	Z20.822



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**Confirmed Cases of COVID-19**

**Effective for dates of service 4/1/2020 or after:** (Prior to 4/1/2020 use B97.29 as secondary to respiratory illness)

**Severe acute lower respiratory illness with confirmed cases of COVID-19:  
Code FIRST U07.1**

ICD-10	Description	Submitted with:
U07.1	COVID-19	J12.89
U07.1	Acute bronchitis due to other specified organisms, confirmed as due to the 2019 novel coronavirus	J20.8
U07.1	Acute respiratory distress syndrome (ARDS) confirmed as due to the 2019 novel coronavirus	J80
U07.1	Lower respiratory infection confirmed as due to the 2019 novel coronavirus	J22

**For our complete medical necessity guidelines on testing for Coronavirus Disease, please visit our website at [www.connecticare.com/providers/covid-19](http://www.connecticare.com/providers/covid-19) and download our Testing for Coronavirus Disease 2019 (COVID-19) Medical Policy**

**Revision history**

DATE	REVISION
3/2020	<ul style="list-style-type: none"> <li>New Policy</li> </ul>
04/2/2020	<ul style="list-style-type: none"> <li>Changed modifier to CS based on Medicare IOCE guidance.</li> <li>Question and Answer on what procedure code to use for new tests.</li> </ul>
4/9/2020	<ul style="list-style-type: none"> <li>Added Independent Laboratory Homebound COVID-19 Testing Specimen Collection new HCPCS Codes (G2023 &amp; G2024) and related travel allowance HCPCS Codes (P9603 &amp; P9604) <i>Effective for dates of service 3/1/2020 or after</i></li> <li>Included CMS Definition of homebound as per COVID-19 pandemic</li> </ul>
4/12/2020	<ul style="list-style-type: none"> <li>Added COVID-19 Antibody Blood Testing new CPT Codes 86328 &amp; 86769 <i>Effective for dates of service 4/10/2020 or after</i></li> </ul>
05/14/2020	<ul style="list-style-type: none"> <li>Added Specimen Collection Fee for physician office and Hospital outpatient</li> <li>Added CLIA information for testing services</li> </ul>
1/21/2021	<ul style="list-style-type: none"> <li>Updated policy to include ICD-10 Code Z20.822 <i>new code effective 1/01/2021</i></li> <li>Updated policy to include CPT Code U0005 <i>new code effective 1/01/2021</i></li> </ul>
3/10/2021	<ul style="list-style-type: none"> <li>Removed statement regarding modifier requirement for appropriate cost share to be applied</li> </ul>
3/16/2022	<ul style="list-style-type: none"> <li>Updated policy to align with CMS; Modifier CS must be appended to services related to determining the need for COVID test effective 6/01/2022</li> </ul>
11/10/2022	<ul style="list-style-type: none"> <li>Updated policy with clarification regarding appropriate use of Modifier CS, including examples.</li> </ul>