

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.

Policy Update:

Effective 3/01/2020 Independent laboratories can bill for the specimen collection fee using one of two new HCPCS codes [for homebound specimen collection for COVID-19 testing](#) (G2023 or G2024) and bill for the travel allowance with the current HCPCS Codes P9603 or P9604.

Policy Update:

Effective 4/10/2020 The American Medical Association (AMA) announced updates to Current Procedural Terminology (CPT®) that include two code additions (86328 & 87969) intended to report when patients receive [blood tests that detect COVID-19 antibodies](#).

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Policy Update:

Effective 04/14/2020 CMS announced two new HCPCS codes, U0003 and U0004, for use with CDLTs that utilize high throughput technologies. [Please review](#) for list of approved technologies for U0003 and U0004.

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.

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>

<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

Additional Public Health Resources:

Please refer to these links to obtain the most up to date and accurate information COVID-19.

The New York State Department of Health provides public health information and guidance here:

<https://www.health.ny.gov/diseases/communicable/coronavirus>, and has implemented a Novel Coronavirus Hotline at 1-888-364-3065.

The Centers for Disease Control and Prevention’s website offers up-to-date information at:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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

CPT Code	Description
U0001	Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)
U0003	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>
U0004	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>
87635	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)

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COVID 19-Antibody Testing:

Effective for dates of service 4/10/2020 (or after); in accordance with CMS and federal guidelines, ConnectiCare will reimburse for COVID-19 Antibody Testing. Antibody blood testing identifies members that have been exposed to the novel coronavirus (SARS-CoV-2) and have developed an immune response. The new codes in the table below are intended for use as the industry standard for accurate reporting and tracking of blood tests performed to specifically detect antibodies associated with the SARS-CoV-2 virus.

Procedure Codes for COVID-19 Antibody Testing:

CPT Code	Description
86328	<ul style="list-style-type: none"> 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]) 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.
86769	<ul style="list-style-type: none"> Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Established for antibody tests using a multiple step method.

COVID-19 Testing - Specimen Collection from homebound patients and inpatients (*not in a hospital*):

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.

Independent laboratories must use the existing level II HCPCS codes when billing for the travel allowance, that is, the per mile travel allowance as described by HCPCS code P9603 and the flat rate travel allowance as described by HCPCS code P9604.

Note: Paper documentation of miles traveled is not required and laboratories can maintain electronic logs with that information. However, laboratories will need to be able to produce these electronic logs upon request.

Homebound patients 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.

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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.

Procedure Codes for COVID-19 Testing Specimen Collection (*homebound members*):

HCPCS Code	Description
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2(SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source (Effective 3/01/2020)
G2024	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 (Effective 3/01/2020)

Applicable Travel Allowance Codes (*homebound members*):

HCPC Code	Description
P9603	<ul style="list-style-type: none"> Travel allowance, one way, in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; miles actually traveled 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>. Do <u>not</u> append the LR modifier to P9603, even if you are billing for round trip mileage.
P9604	<ul style="list-style-type: none"> Travel allowance, one way, in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient The flat rate travel allowance is to be used in areas where average trips are <u>less than 20 miles round trip</u> Submitted with modifier LR (laboratory round trip)

Modifier(s) for COVID-19 Services: *Modifiers must be used to appropriate cost share to be applied.*

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

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

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

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To ensure proper adjudication please make sure the following are reported if applicable:

ICD-10	Description
Z03.818 <i>Possible exposure/ruled out</i>	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828 <i>Exposure confirmed</i>	Contact with and (suspected) exposure to other viral communicable diseases.

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	Z03.818 or Z20.828
R06.02	Shortness of breath	Z03.818 or Z20.828
R50.9	Fever, unspecified	Z03.818 or Z20.828

Severe acute lower respiratory illness with *unconfirmed* cases:

ICD-10	Description	Submitted with:
J12.89	Other viral pneumonia	Z03.818 or Z20.828
J20.8	Acute bronchitis due to other specified organisms	Z03.818 or Z20.828
J80	Acute respiratory distress syndrome (ARDS)	Z03.818 or Z20.828
J22	Lower respiratory infection	Z03.818 or Z20.828

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	Pneumonia case confirmed as due to the 2019 novel coronavirus	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

Revision history

DATE	REVISION
3/2020	<ul style="list-style-type: none"> New Policy

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04/2/2020	<ul style="list-style-type: none">• Changed modifier to CS based on Medicare IOCE guidance.• Question and Answer on what procedure code to use for new tests.
4/9/2020	<ul style="list-style-type: none">• Added Independent Laboratory Homebound COVID-19 Testing Specimen Collection new HCPCS Codes (G2023 & G2024) and related travel allowance HCPCS Codes (P9603 & P9604) <i>Effective for dates of service 3/1/2020 or after</i>• Included CMS Definition of homebound as per COVID-19 pandemic
4/12/2020	<ul style="list-style-type: none">• Added COVID-19 Antibody Blood Testing new CPT Codes 86328 & 86769 <i>Effective for dates of service 4/10/2020 or after</i>