UPDATED PROVIDER BILLING GUIDANCE FOR COVID-19 TESTING, SCREENING & TREATMENT SERVICES

We are closely monitoring and following all guidance from the Centers for Medicare and Medicaid as it is released to ensure we can quickly address and support the prevention, screening, and treatment of COVID-19. The following guidance can be used to bill for services related to COVID-19 testing, screening and treatment services. This guidance is in response to the current COVID-19 pandemic and may be retired at a future date. For additional information and guidance on COVID-19 billing and coding, please visit the resource centers of the Centers for Medicare and Medicaid (CMS) and the American Medical Association (AMA).

COVID-19 Testing Services

- Providers performing the COVID-19 test can bill us for testing services that occurred after February 4, 2020, using the following newly created HCPCS codes:
  - **HCPCS U0001 -** For CDC developed tests only - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
  - **HCPCS U0002 -** For all other commercially available tests - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
  - **CPT 87635** - Effective March 13, 2020 and issued as "the industry standard for reporting of novel coronavirus tests across the nation's health care system."
  - **PLA 0202U** - Effective May 20, 2020. Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.

    ***Please note*: It is not yet clear if CMS will rescind the more general HCPCS Code U0002 for non-CDC laboratory tests that the Medicare claims processing system is scheduled to begin accepting starting April 1, 2020.**
- These codes should **not** be used for serologic tests that detect COVID-19 antibodies.
- All member cost share (copayment, coinsurance and/or deductible amounts) will be waived across all products for any claim billed with the new COVID-19 testing codes.

Contact Provider Partnership:

HomeStateHealth.com
Allwell.HomeStateHealth.com
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Home State: 1-855-694-4663
MAPD: 1-855-766-1452 / D-SNP: 1-833-298-3361 / TTY:711
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- We have configured our systems to apply $0 member cost share liability for those claims submitted utilizing these new COVID-19 testing codes.
- In addition to cost share, authorization requirements will be waived for any claim that is received with these specified codes.
- Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.
- We will temporarily waive requirements that out-of-state Medicare and Medicaid providers be licensed in the state where they are providing services when they are licensed in another state.

COVID-19 Antigen Testing Services

- Providers performing COVID-19 antigen tests can bill us for testing services that occurred after June 25, 2020, using the following HCPCS codes:
    - **87426** - Infectious agent antigen detection by immunoassay technique, qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg SARS-CoV, SARA-CoV-2 (COVID-19).
    - **0223U** - Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
    - **0224U** - Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19) includes titer(s), when performed (*Do not report* 0224U in conjunction with 86769).
- All member cost share (copayment, coinsurance and/or deductible amounts) will be waived across all products for any claim billed with the above COVID-19 antibody testing codes.
- In addition to cost share, authorization requirements will be waived for any claim that is received with these specified codes. This includes non-participating providers.
- Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.
- Reimbursement rates are still pending from CMS and this communication will be updated when available.

High-Throughput Technology Testing Services

- Providers performing high production COVID-19 diagnostic testing via high-throughput

technology can bill us for testing services that occurred after February 4, 2020, using the following newly created HCPCS codes:

- **HCPCS 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, making use of high throughput technologies as described by CMS-2020-01-R.
- ***Please note:* U0003 should identify tests that would otherwise be identified by CPT code 87635 but for being performed with these high throughput technologies.**
- **HCPCS U0004** -2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.
- ***Please note:* U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these high throughput technologies.**

- Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.
- We have configured our systems to apply $0 member cost share liability for those claims submitted utilizing these codes to indicate high production testing.
- Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.

COVID-19 Specimen Transfers

- For specimen transfer related claims, the following codes can be used:
  - **G2023** - Spec Clct for SARS-COV-2 COVID 19 ANY SPEC SRC
  - **G2024** - SP CLCT SARS-COV2 COVID19 FRM SNF/LAB ANY SPEC
  - **C9803** - Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. *This is effective for services provided on or after March 1, 2020.*
- Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.

COVID-19 Screening Services

- All member cost share (copayment, coinsurance and/or deductible amounts) will be waived for COVID-19 screening visits and if billed alongside a COVID-19 testing code.

- If no testing is performed, providers may still bill for COVID-19 screening visits for suspected contact using the following Z codes:
    - **Z20.828** – Contact with a (suspected) exposure to other viral communicable diseases
    - **Z03.818** – Exposure to COVID-19 and the virus is ruled out after evaluation
- This applies to services that occurred as of February 4, 2020.
- **Providers billing with these codes will not be limited by provider type.**

COVID-19 Treatment Services

- We will waive prior authorization requirements and member cost sharing for COVID-19 treatment for all members.
- For dates of service from February 4, 2020 through March 31, 2020 providers should use the ICD-10 diagnosis code:
    - **B97.29** – Confirmed Cases – other coronavirus as the cause of diseases classified elsewhere
- For dates of service of April 1, 2020 and later, providers should use the ICD-10 diagnosis code:
    - **U07.1** – 2019-nCov Confirmed by Lab Testing
- As a reminder, only those services associated with screening and/or treatment for COVID-19 will be eligible for prior authorization and member liability waivers. For screening or treatment not related to COVID-19 normal copayment, coinsurance, and deductibles will apply.

Reimbursement Rates for COVID-19 Services for All Provider Types

- We are complying with the rates published by CMS for the following codes:
    - **U0001 = $35.91**
    - **U0002 = $51.31**
    - **U0003 = $100.00**
    - **U0004 = $100.00**
    - **G2023 = $23.46**
    - **G2024 = $25.46**
    - ***NOTE:* Commercial products will reimburse COVID-19 services in accordance with our negotiated commercial contract rates.**

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- Any additional rates will be determined by further CMS and/or state-specific guidance and communicated when available.
- We will follow these CMS published rates except where state-specific Medicaid rate guidance should supersede.

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