
Temporary COVID-19 Testing and Treatment Payment Policy

Policy Statement

This temporary policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood) coverage and reimbursement requirements for specific services related to the COVID-19 pandemic.

Scope

This policy applies to all lines of business, Medicaid, Commercial, and INTEGRITY.

Extended Family Planning (EFP) members have a limited benefit package. Please refer the Extended Family Planning Payment Policy for coverage information.

This policy applies to laboratory diagnostic testing and the related outpatient visit for COVID-19 for those members that meet the United States Centers for Disease Control and Prevention (CDC) guidelines for testing.

This policy applies to inpatient and outpatient services required for treatment of members diagnosed with COVID-19.

Claim Submission

Due to the delayed effective date of April 1, 2020 for the new ICD-10-CM code (U07.1: 2019-nCoV acute respiratory disease) for COVID-19, the National Center for Health Statistics (NCHS) has developed interim coding advice in supplement to the ICD-10-CM Official Coding Guidelines:

TREATMENT & TESTING DIAGNOSIS CODES FOR COVID-19:

Claims for **CONFIRMED** cases related to COVID-19 for **dates of service prior to April 1, 2020** must be billed with the following ICD-10-CM codes as applicable:

- **Pneumonia due to COVID-19:** J12.89 (Other viral pneumonia) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Acute bronchitis due to COVID-19:** J20.8 (Acute bronchitis due to other specified organisms) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Bronchitis not otherwise specified (NOS) due to COVID-19:** J40 (Bronchitis, not specified as acute or chronic) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

- **Lower respiratory infection NOS or acute respiratory infection NOS due to COVID-19:** J22 (Unspecified acute lower respiratory infection) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Respiratory infection NOS due to COVID-19:** J98.8 (Other specified respiratory disorders) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Acute respiratory distress syndrome (ARDS) due to COVID-19:** J80 (Acute respiratory distress syndrome) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Claims for **CONFIRMED** cases related to COVID-19 for **dates of service April 1, 2020 and after** must be billed as follows:

- Professional Claims
 - ICD 10 CM code U07.1 (2019-nCoV acute respiratory disease) in the primary diagnosis field.
 - Modifier “CR” (Catastrophe/disaster related) on service codes
- Facility Claims
 - ICD 10 CM code U07.1 (2019-nCoV acute respiratory disease) in the primary diagnosis field.

Prior authorization requirements will be waived for treatment services for confirmed cases of COVID-19.

Claims for possible exposure to COVID-19 that is ruled out after evaluation should be billed with the following ICD-10-CM code:

- Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)

Claims for exposure to someone with a confirmed case of COVID-19 should be billed with the following ICD-10-CM code:

- Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases)

Claims for asymptomatic members who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, should be billed with the following ICD-10-CM code:

- Z11.59 (Encounter for screening for other viral diseases)



Claims for members presenting with symptoms of and being screened for COVID-19 and the test results are either unknown or negative should be billed with the following ICD-10-CM codes as applicable:

- R05 (Cough)
- R06.02 (Shortness of breath)
- R50.9 (Fever, unspecified)
- Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)
- Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases)

TESTING CPT/HCPCS CODES FOR COVID-19:

Claims for diagnostic laboratory testing for COVID-19 must be billed with one of the following CPT codes:

Medicaid:

- U0001- CDC testing laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19)
- U0002- non-CDC testing laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19)
- 87635 (effective 3/13/20)- Infectious agent detection by nucleic acid (DNA or RNA);severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), amplified probe technique

Integrity and Commercial:

- G2023- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARS-CoV-2)(Coronavirus disease [COVID-19], any specimen source
- G2024- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARS-CoV-2)(Coronavirus disease [COVID-19] from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source

Prior authorization does not apply for diagnostic laboratory testing for COVID-19.

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within 90 days of the date services are provided to members.

Member Cost Share Waiver

Neighborhood will waive all member cost share for Commercial plans for laboratory diagnostic testing and the related outpatient visit for COVID-19 and treatment for members diagnosed with

COVID-19 as outlined in this policy, during the period of heightened concerns related to COVID-19. Providers should NOT collect cost share from a member in accordance with this policy.

Coding

The following codes are covered for COVID-19 diagnosis and testing as outlined in this policy:

| Procedure Code | Description |
|----------------|--|
| 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 |
| G2023 | Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARS-C0V-2)(Coronavirus disease [COVID-19]. Any specimen source |
| G2024 | Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARS-C0V-2)(Coronavirus disease [COVID-19] from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source |
| U0001 | SARS-CoV-2/2019-nCoV (COVID-19) CDC laboratory testing. (Final description of code to be determined.) |
| U0002 | SARS-CoV-2/2019-nCoV (COVID-19) non-CDC laboratory testing. (Final description of code to be determined.) |

The following codes are covered for COVID-19 diagnosis, testing, and treatment as outlined in this policy:

| ICD-10-CM Code | Description |
|----------------|---|
| B97.29 | Other coronavirus as the cause of diseases classified elsewhere |
| J12.89 | Other viral pneumonia |
| J20.8 | Acute bronchitis due to other specified organisms |
| J22 | Unspecified acute lower respiratory infection |
| J40 | Bronchitis, not specified as acute or chronic |
| J80 | Acute respiratory distress syndrome |
| J98.8 | Other specified respiratory disorders |
| R05 | Cough |
| R06.02 | Shortness of breath |
| R50.9 | Fever, unspecified |
| U07.1 | 2019-nCoV acute respiratory disease |
| Z03.818 | Encounter for observation for suspected exposure to other biological agents ruled out |
| Z20.828 | Contact with and (suspected) exposure to other viral communicable diseases |
| Z11.59 | Encounter for screening for other viral diseases |



Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to, Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

Neighborhood reserves the right to amend or rescind this temporary policy.

References:

<https://www.3mhisinsideangle.com/blog-post/coding-for-covid-19/>

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

Document History

| Date | Action |
|----------|--|
| 03/31/20 | Update- Added treatment services criteria, Prior Authorization language, and updated claim submission criteria, Added new CMS G-codes. |
| 03/25/20 | Update- ICD10 U07.1 effective 04/01/20 |
| 03/17/20 | Update- CPT code 87635 effective 03/13/20 |
| 03/09/20 | Policy Effective |