

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 COVID19:** 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)
- 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 **UNCONFIRMED** cases related to COVID-19 must be billed as follows:

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)

Modifier “CS” (Cost-sharing Waived) is accepted on claims for unconfirmed cases of COVID-19.

TESTING CPT/HCPCS CODES FOR COVID-19:

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

- **86328** (effective 4/10/20)- Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip; severe acute respiratory syndrome coronavirus2 (SARS-CoVID-19) (Coronavirus disease [COVID-19])
- **86769** (effective 4/10/20)- Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [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
- **G2023**- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARSC0V-2)(Coronavirus disease [COVID-19], any specimen source
- **G2024**- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARSC0V-2)(Coronavirus disease [COVID-19] from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source
- **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)

- **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-202001-R.
- **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.

Modifier “CS” (Cost-sharing Waived) is accepted on the above laboratory testing codes.

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
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip; severe acute respiratory syndrome coronavirus2 (SARS-CoVID-19) (Coronavirus disease [COVID-19])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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-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
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.)
U0003	CDC testing laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19)
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.

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-InterimAdvicecoronavirusfeb-20-2020.pdf>

Document History

Date	Action
5/13/20	Update- Add language regarding “CS” modifier

04/22/20	Update- Added new lab codes.
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