

Reimbursement Policy	
Title: COVID-19 Testing	
Policy Number: RP-PF-435X	Application: All products
Last Updated: 04/20/2021	Effective Date: 2/4/2020
Related Policies: Drug Treatment and Vaccinations for COVID-19 (PDF)	

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
<p>The World Health Organization (WHO) has declared a global pandemic from the novel Coronavirus known as COVID-19. As a result, the federal and many state governments have declared a state of emergency, which has resulted in a host of state and federal coverage and benefit level mandates on health plan companies. In response to the government declarations resulting from COVID-19, Medica has reviewed its reimbursement provisions across various contracts and has determined that in order to meet the newly required mandated benefit levels, Medica is implementing an emergency reimbursement policy to pay fixed rates for all COVID-19 diagnostic testing to all providers, whether participating in Medica’s network or not.</p> <p>In order for all Medica members from all lines of business to have the same access and experience with all providers with respect to COVID-19 lab tests, we are implementing this reimbursement policy effective immediately, applicable for dates of services on and after February 4, 2020. This emergency reimbursement policy shall expire at the end of the Public Health Emergency (PHE).</p>

Policy Statement:

COVID-19 Diagnostic Testing Reimbursement

The Centers for Medicare & Medicaid Services (CMS) has established two Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing. HCPCS code U0001 is for CDC approved labs to use, and HCPCS code U0002 is for CDC non-approved labs to use when reporting SARS-CoV-2 testing.



CMS has established two new HCPCS codes for high throughput technology testing. HCPCS code U0003 and U0004 are to be used when making use of high throughput technologies, as described by CMS-2020-01-R. These codes are effective on/ or after 4/14/2020.

CMS has established new specimen collections codes for Clinical diagnostic laboratories billing for COVID-19 testing:

- HCPCS G2023- for specimen collection for severe acute respiratory syndrome, any specimen source and
- HCPCS G2024- for specimen collection for severe acute respiratory syndrome, from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source.

Clinical diagnostic laboratories should use these codes to identify specimen collection for COVID-19 testing, effective with item date of service on/or after March 1, 2020.

The AMA published CPT code 87635 in an effort to help report and track testing services related to SARS-CoV-2 in an effort to assist in reporting and reimbursement.

Medica's reimbursement rates are based upon rates that were recently announced by the Centers for Medicare and Medicaid Services for COVID-19 testing. Medica will reimburse contracted and non-contracted providers for COVID-19 testing, unless otherwise specified by law. It is not considered medically necessary if a COVID-19 antibody test is to be used as part of 'return-to-work' programs, public health surveillance testing or any efforts not associated with disease diagnosis or treatment.

Reimbursement Rates for Coronavirus Diagnostic Testing:

- HCPCS U0001: \$35.92
- HCPCS U0002: \$51.33
- HCPCS U0003: \$75.00 (effective date 4/14/2020)
- HCPCS U0004: \$75.00 (effective date 4/14/2020)
- HCPCS U0005: \$25.00 (Effective 1/1/2021)
- CPT 87635: \$51.33
- HCPCS G2023: \$23.46
- HCPCS G2024: \$25.46
- HCPCS C9803: \$24.67

❖ New codes will be added once CMS rates are assigned

Diagnosis Codes to be used for confirmed Coronavirus:

- B97.29: Other coronavirus
- B34.2: Coronavirus Infection
- U07.1: 2019 COVID acute respiratory disease

Diagnosis Codes recommended by the CDC for suspected Coronavirus exposure:

- 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
- Z11.52: Encounter for screening for COVID-19 (Effective 1/1/21)
- Z20.822: Contact with and (suspected) exposure to COVID-19 (Effective 1/1/21)
- Z86.16: Personal History of COVID-19 (Effective 1/1/21)

CPT/HCPCS applicable for Coronavirus:

- HCPCS U0001: CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel - CDC approved lab (*to be used by approved lab*)
- HCPCS U0002: CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel - CDC non-approved lab (*interchangeable with CPT 87635*)
- 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
- 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
- HCPCS U0005: 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 of specimen collection (*list separately in addition to either hcpcs code u0003 or u0004 as described by cms-2020-01-r2*)
- CPT 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 (*interchangeable with U0002*)
- HCPCS G2023 – Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source (*to be used by clinical diagnostic laboratories*)
- HCPCS G2024 – Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
- HCPCS C9803- Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

HCPCS Level II code C9803 is effective for services provided on or after March 1, 2020. Hospital outpatient departments should use HCPCS Level II code C9803 Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]), any specimen source to be paid for COVID-19 symptom assessment and specimen collection.

Note: Network clinics and facilities will continue to be reimbursed for all other covered health services in accordance with their contracts. COVID-19 diagnostic testing codes are included in the CMS grouper rates and the Medica proprietary grouper rates. COVID-19 diagnostic testing codes will not be paid in addition to the DRG, per diem, per case rate payment.

This reimbursement policy is applicable to single unit COVID-19 diagnostic testing and does not include Respiratory Panel Testing.

COVID-19 Antibody Testing Reimbursement

FDA-authorized serological tests may be used to determine who has developed an immune response to COVID-19. Antibody testing is not a replacement for the COVID-19 diagnostic testing and should be used

when such tests are medically necessary in order to support diagnosis or treatment for COVID-19 or for treatment of another disease when information about COVID-19 antibodies may impact the future outcome of that treatment for a particular person. It is not considered medically necessary if a COVID-19 antibody test is to be used as part of 'return-to-work' programs, public health surveillance testing, or any efforts not associated with disease diagnosis or treatment. We will make continuous updates to our policy as the *American Medical Association (AMA)* continues to release new CPT codes for COVID-19 antibody tests:

- 86328 — Immunoassay for infectious agent antibody(ies), qualitative or semi quantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
- 86408- Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]);screen
- 86409- Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
- 86769 — Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
- 87301- 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; adenovirus enteric types 40/41
- 87426- 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)
Note: Code 87426 will be a child code under parent code 87301.
- 87428-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
- 86413- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- 87636- 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
- 87637- 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
- 87811- 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])

- 0224U-(PLA Code) Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
 - **Do not report 0024U in conjunction with 86769**
- 0225U- (PLA Code) Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported
- 0226U- (PLA Code) Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
- 0240U- (PLA Code) 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
- 0241U- (PLA Code) 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

CPT Code 86328 should be used for antibody tests with a single-step method immunoassay — typically a strip with all necessary components for the assay, appropriate for a point-of-care testing platform. Report 86328 once per reagent strip. If more than one reagent strip is used, modifier 59 (distinct procedural service) should be appended to the code for the second reagent strip assay to identify two distinct analyses were performed.

Code 86769 should be used for antibody tests with multi-step methods. When two distinct analyses are performed (e.g. IgG and IgM), 86769 is reported on two claim lines with modifier 59 (distinct procedural service) appended to 86769 on the second claim line.

CPT code 86413 was approved in response to the development of laboratory tests that provide quantitative measurements of SARS-CoV-2 antibodies, as opposed to a qualitative assessment (positive/negative) of SARS-CoV-2 antibodies provided by laboratory tests reported by other CPT codes. By measuring antibodies to SARS-CoV-2, the tests reported by 86413 can investigate a person's adaptive immune response to the virus and help assess the effectiveness of treatments used against the infection.

Blood sample collections are reported with CPT code 36415 (Collection of venous blood by venipuncture) or 36416 (Collection of capillary blood specimen, e.g., finger, heel, ear stick).

Reimbursement Rates for PHE additional supplies:

The AMA has released a new CPT code effective 09/08/2020, to cover the cost for additional supplies and clinical staff time to perform safety protocols. CPT 99072 allows for the provision of evaluation, treatment or procedural services during a public health emergency (PHE) in a setting where extra precautions are taken to ensure the safety of patients as well as healthcare professionals.



- 99072- 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

Medica has deemed this service as part of the primary procedure being performed on the same day, and therefore, will not separately reimburse for CPT 99072.

Reimbursement Rates for COVID-19 Antibody Testing:

- CPT 86328: \$45.23 (effective date 4/10/2020)
- CPT 86769: \$42.13 (effective date 4/10/2020)
- CPT 87301: Payment will follow CMS rates
- CPT 87426: (effective 6/25/2020)
- CPT 0224U: (effective 6/25/2020)
- 86408: (effective 8/10/2020)
- 86409: (effective 08/10/2020)
- CPT 0225U: (effective 08/10/2020)
- CPT 0226U: (effective 08/10/2020)
- CPT 86413: (effective 09/08/2020)
- CPT 0240U: (effective 10/06/2020)
- CPT 0241U: (effective 10/06/2020)
- CPT 87636: (effective 10/06/2020)
- CPT 87837: (effective 10/06/2020)
- CPT 87811: 9effective 10/06/2020)
- CPT 87428: (effective 11/10/2020)

**Codes listed without an accompanied CMS published rate will follow the Medica default pricing process until a rate is released by CMS. **

By submitting a claim to Medica for COVID-19 testing, providers accept the above reimbursement amount as payment in full for each COVID-19 test performed and will not seek additional reimbursement from Medica members. As our state and national testing capabilities continue to evolve, we are closely monitoring the availability and accuracy of emerging COVID-19 test options and will continue to follow guidance from state and federal officials.

Self-Test Home Kits:

While CMS has not yet released codes for the home testing kits, the types of home testing kits can range from the swabbing of your own nose and/or mouth, and also the new saliva collection test kits.

Following CMS guidance for Medicare members, Medica will allow for one home self-testing kit without requiring Physician orders or the need to be self-collected under the observation of a physician. For second or subsequent test such an order will be required.

For all other lines of business, Medica will require such an order for the first and subsequent home test.

Travel Reimbursement for Homebound Patients



For all Government Products Medica will reimburse providers and/or healthcare workers for travel expenses related to specimen collection for patients that are homebound. The test must be ordered by a healthcare professional and meet the following CMS defining criteria of homebound:

- Physician has determine that it is medically contraindicated for a beneficiary to leave the home because confirmed or suspected COVID-19.
- Physician has determined that is medically contraindicated for a beneficiary to leave the home because the patient has a medical condition that may make the patient more susceptible to contracting COVID-19.
- Travel reimbursement is not payable when patients decides to self-quarantine.

Medica will reimburse the following codes according to the published CMS rates:

- **HCPCS P9603:** Per Mile Travel Allowance to be used in situations when the round trip is greater than 20 miles. Reimbursement computed using the Federal mileage rate of \$0.575 per mile plus as additional \$0.45 per mile to cover time and travel costs.
- **HCPCS P9604:** Flat-Rate Trip based on travel allowance, CMS rate is \$10.30.

For Medica’s Commercial and IFB lines of business, the travel reimbursement is not payable and therefore claims will be denied by the system. Providers would need to follow the standard appeal process and supply medical record documentation to support the same CMS required criteria listed above in order to be reviewed for consideration of payment.

Testing at the Dental Office

The state of Minnesota passed a bill to allow for dental providers to conduct antigen, antibody, and molecular testing for COVID-19. The following codes are approved for COVID testing in the dental office:

- D0604- Antigen testing for a public health related pathogen includes coronavirus.
- D0605- Antibody testing for a public health related pathogen, including coronavirus
- D0606- Molecular testing for a public health related pathogen, including coronavirus

**These dental testing codes will follow the Medica default pricing process **

Effective Date:	2/4/2020
Revision Updates:	
04/20/2021	Dental testing codes added
02/15/2021	Code update
1/6/2021	New Codes added with effective date of 1.1.2021
10/09/2020	New Testing and PLA codes added
09/30/2020	Homebound Patient language added
09/21/2020	New antibody testing code & supply code added
09/XX/2020	Saliva Test and Home Testing Kit update
8/17/2020	Rate verbiage added
7/29/2020	C9803 Rate Increase

7/14/2020	Updated policy with new COVID-19 Testing Codes and rates
6/2/2020	Updated policy for COVID-19 Testing to include a Diagnostic Testing section and an Antibody Testing Section.
4/16/2020	Added HCPCS codes U0003 and U0004 and rates
4/15/2020	Added guidance on grouper rate payment
4/13/2020	Updated reimbursement rate for code G204
4/7/2020	Added clinical diagnostic laboratory code rates
4/1/2020	Added clinical diagnostic laboratory codes G203 and G204
3/24/2020	Added new diagnosis code U07.1