ADMINISTRATIVE POLICY

Excellus
A nonprofit independent licensee of the Blue Cross Blue Shield Association

SUBJECT: COVID-19 Viral and Antibody Testing **POLICY NUMBER:** AP-26 **TYPE OF PROVIDER:** Professional, Facility, Laboratory **COVERAGE PRODUCTS:** Commercial, Medicare Advantage and Medicaid Managed Care	**REVISED DATE:** 07/01/2020, 7/14/2020, 8/10/2020 **EFFECTIVE DATE:** 03/13/2020 **REVIEW STATUS:** Pre-payment/Post-Payment

PURPOSE

The purpose of this policy is to provide the circumstances where reimbursement is appropriate, as well as billing guidelines for COVID-19 antibody and viral testing CPT® codes U0001, U0002, U0003, U0004, 0202U 86328, 87635, 86769, G2023, G2024, C9803, 0223U, 0224U, and/or 87426.

SCOPE

This administrative policy applies to all Excellus BlueCross BlueShield ("Health Plan") participating and non- participating practitioners, facilities, or laboratories and the Commercial (HMO, PPO, POS, ASO/ASC and Indemnity), Medicare Advantage, NYS Government Programs (Medicaid Managed Care, Health and Recovery Plan (HARP), Child Health Plus (CHP)) and Special Programs (Healthy NY and Essential Plan) lines of business.

DESCRIPTION

Excellus BlueCross BlueShield provides coverage in full for diagnostic/viral testing as well as antibody testing that is determined to be medically appropriate for the diagnosis and treatment of an individual by an attending provider as evidenced by an order from the attending provider. The tests must be FDA approved or the subject of an emergency use order request and the lab performing the testing must be appropriately certified. Testing that is ordered or performed solely for purposes of pandemic control or re-opening the economy, and not based on a determination by an attending provider that the test is medically appropriate for the diagnosis and treatment of an individual member, is not covered and the member will be held liable (for all products except Medicare Advantage, Medicaid Managed Care and Health and Recovery Plans). This includes tests performed on an asymptomatic individual solely to assess health status as required by parties such as a government/public health agency, employer, school, or camp.

All providers must fully comply with public health reporting requirements for positive COVID-19 cases.

POLICY

I. In vitro testing to detect SARS-CoV-2 (e.g., antibody testing) or to diagnose the virus that causes COVID- 19 (e.g., viral testing) is covered when:

a. the test has been determined to be medically appropriate **for the diagnosis and treatment of an individual** by an attending provider in accordance with standard and accepted medical practice as evidenced by an order or request for such test issued by the attending provider. For purposes of this policy, an "attending provider" shall mean a provider who is authorized to request COVID-19 diagnostic testing under applicable New York laws regulations and Executive Orders, whose scope of practice includes the diagnosis and treatment of a systemic infectious disease, and who has personally performed a clinical assessment of the member via a telehealth or a face-to- face encounter or, in the case of pharmacists, who has personally assessed the individual need for testing and counseled the member when ordering a test consistent with Department of Health (DOH) guidance. Attending providers are limited to physicians, nurse practitioners, and physician assistants, and pharmacists. For Medicare Advantage members, attending providers are any providers who are authorized to order lab tests under New York State law.

the test is approved by the FDA; or the developer must have requested, or intends to request, emergency use authorization unless and until the emergency use authorization has been denied or the developer does not submit a request within a reasonable timeframe; or the test is developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID–19; or other tests that the Secretary determines appropriate in guidance; or have been issued an Emergency Use Authorization (EUA) by the FDA to be eligible for reimbursement; and

b. the laboratory performing the test is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and applicable New York state law and regulations.

II. In vitro testing to detect SARS-CoV-2 (i.e., antibody testing) or to diagnose the virus that causes COVID- 19 (i.e., viral testing) is NOT covered when:

a. Testing is ordered or requested by any individual other than an attending provider, or performed without an order. Examples includes tests requested under a non-patient specific order (whether for surveillance, public health, epidemiologic, or other purposes), tests requested by a registered nurse, dentist, chiropractor, or podiatrist, or tests performed using home test kits without an accompanying order from an attending provider; or

b. Testing is not ordered or requested by an attending provider for the purpose of diagnosing and treating the individual member, but is ordered or performed for the sole purpose of pandemic control. Tests ordered or performed for the purpose of pandemic control include testing on an asymptomatic individual solely to assess health status as required by, without limitation, an employer, school, camp, common carrier, government/public health agency, or research/epidemiologic study.

III. The Health Plan will reimburse for COVID-19 viral and antibody testing that satisfies the requirements of Section I of this policy and when billed as follows:

a. When CPT® codes U0001, U0002, U0003, U0004, 0202U, 87635, 86328 and/or 86769 and billed with a diagnosis of B97.29, U07.1, Z03.818, and/or Z20.828 will be reimbursed.

b. For individuals admitted or presenting for care because of COVID-19 during pregnancy, childbirth or the puerperium, a principal diagnosis code of O98.511-O98.53 should be assigned followed by B97.29, U07.1, Z03.818, and/or Z20.828 will be reimbursed.

c. Laboratories may bill G2023 and G2024 for the purpose of specimen collection at Skilled Nursing Facility patients or for homebound patients with a diagnosis of B97.29, U07.1, Z03.818, and/or Z20.828 and it will be reimbursed during public health emergency.

d. For the purpose of specimen collection, when HCPCS code C9803 is billed with diagnosis code B97.29, U07.1, Z03.818, and/or Z20.828, it will be reimbursed during public health emergency.

IV. The Health Plan will not reimburse for COVID-19 viral and antibody testing that falls within the descriptions of testing in Section II of this policy.

a. When the sole purpose of the test is for pandemic control such as testing of asymptomatic individuals to assess health status as required by an employer, school, camp, common carrier, government/public health agency, or research/epidemiologic study, **EITHER** one of these encounter codes Z02.0, Z02.1, Z02.4, Z02.5, Z02.79, Z02.89 Z02.9, Z56.89, and/or Z56.9 **OR** modifier-CG **MUST** be used with the submitted testing code CPT® codes U0001, U0002, U0003, U0004, 0202U, 86328, 87635 86769, 0223U, 0224U, 87426, G2023, and/or G2024.

REIMBURSEMENT REQUIREMENTS

Providers are to submit claims for CPT® codes U0001, U0002, U0003, U0004, 86328, 87635, 86769, 0202U, G2023, G2024 and C9803, 0223U, 0224U, and/or 87426 using the most current industry standard procedure codes including modifiers where applicable.

CODES

The codes listed on this policy may not be all inclusive as the American Medical Association and the Center's for Medicaid and Medicare Service's code updates may occur more frequently than policy updates.

CPT/HCPCS	Description
Diagnostic Viral Testing	
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), **non-CDC**

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
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
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
0202U	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
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
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 [COVID-19])
Antibody Testing	
86328	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])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
Specimen Collection	
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 a HHA, any specimen source
C9803	Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
ICD10 Code	**Description**
B97.29	Coronavirus as the cause of diseases classified elsewhere
U07.1	COVID-19
O98.51-O98.53	Other viral diseases complicating pregnancy
Z02.0	Encounter for examination for admission to educational institution
Z02.1	Encounter for pre-employment examination
Z02.4	Encounter for examination for driving license
Z02.5	Encounter for examination for participation in sport
Z02.79	Encounter for issue of other medical certificate
Z02.89	Encounter for other administrative examinations
Z02.9	Encounter for administrative examinations, unspecified
Z20.828	Contact with and (suspected) exposure to other communicable diseases
Z56.89	Other problems related to employment

Z56.9	Unspecified problems related to employment
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Modifier	**Description**
-CG	Policy criteria applied

GRIEVANCE PROCESS

A provider can dispute the denial of either the facility claim or the professional or laboratory claims by submitting a grievance in accordance with The Health Plan's grievance process as set forth in the Provider Manual.

A member may grieve the denial of either the facility or the professional or laboratory claims by submitting a grievance to:

Customer Advocate Unit: PO Box 4717 Syracuse, NY 13221
OR Customer Advocate Unit Fax: (315) 671-6656

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BENEFIT INFORMATION

I. Eligibility for reimbursement is based on the benefits and limitations outlined in the member's contract in effect on the date of service.
II. Customer Care may be contacted for inquiries related to member contract provisions related to the requirements outlined above.
III. Copayment, deductible and/or coinsurance may apply depending upon the member's benefit plan specifics as well as provider status with the Health Plan.

Please reference: Excellus Clinical Practice Guidelines on COVID-19 Testing

REFERENCES

Centers for Disease Control
https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

CDC Release 4.1.2020 Update Final U07.1 and Z11.59
https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

CDC Release 4.1.2020: U07.1 actual COVID-19 diagnosis Primary use additional code for manifestations.

https://www.cdc.gov/nchs/data/icd/ICD-10-CM-April-1-2020-addenda.pdf April 1, 2020

CDC Release 3.18.2020: U07.1 effective April ,1, 2020 COVID-19 confirmed diagnosis

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

CDC Release 2.20.2020: B97.29 interim code February 20,2020 COVID-19 confirmed diagnosis

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

AMA CPT PLA guidance is the American Medical Association source:

https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf April 20,2020

https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf March 13, 2020

The use of this policy is neither a guarantee of payment nor will this policy alone determine how a specific claim will be

adjudicated. Reimbursement is dependent, in part, upon member and provider contracts in effect at the time services are rendered. In the event of a direct conflict between a member or provider contract and this policy, the member or provider contract shall control and prevail.

The Health Plan reserves the right to conduct retrospective review to determine compliance with this policy. If a review determines non-compliance with this policy, the Health Plan reserves the right to retract payment for claims associated with that service.

HISTORY:

7/1/2020: Section III d. and e. added code C9803

7/14/220: Added new codes 0223U, 0224U, 87426

8/10/2020: Remove C9803 POS info, add G2023, and/or G2024.to Section IV