ADMINISTRATIVE POLICY

Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

SUBJECT: COVID-19 Viral and Antibody Testing and Supplies
POLICY NUMBER: AP-26
TYPE OF PROVIDER: Professional, Facility, Laboratory
COVERAGE PRODUCTS: Commercial, Medicare Advantage and Medicaid Managed Care

REVISED DATE: 07/01/2020, 08/10/2020, 09/22/2020, 10/20/2020, 11/16/2020, 12/09/2020, 01/01/2021, 01/21/2021, 02/04/2021, 03/01/2021, 03/23/2021, 08/03/2021, 11/02/2021, 12/13/2021, 3/01/2022, 03/24/2022, 04/18/2022, 07/14/2022
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, U0005, 0202U, 86328, 87635, 86769, G2023, G2024, C9803, 0223U, 0224U, 87426, 0225U, 86413, 0226U, 86408, 86409, 87636, 87637, 87811, 0240U, 0241U, 87913, 99072, and/or 87428.

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. This policy does not apply to products under the Federal Employee Program("FEP").

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: Viral and Antibody Testing Part 1:

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 the purpose of this policy, an "attending provider" shall mean a provider who is authorized to request COVID-19 diagnostic testing consistent with any applicable Federal or State guidance.

b. 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

c. 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 (refer to Policy Part 4 below for over-the-counter at home guidelines); 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 HealthPlan will not reimburse for COVID-19 viral and antibody testing that falls within the descriptions of testing in Section II of this policy:

a. The Health Plan requires Laboratories to bill code G2023 with place of service (POS)Home (12) or Laboratory (81).

b. The Health Plan requires Laboratories to bill code G2024 with place of service (POS) Skilled Nursing Facility (31) or Laboratory (81).

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, travel authority/advisory, 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, U0005, 0202U, 86328, 87635,86769, 0223U, 0224U, 87426, C9803, G2023, G2024, 86413 0225U 87636, 87637, 87811, 0240U, 0241U, 87428, and/or 87913. (This does not apply to Medicaid Managed Care, Health and Recovery Plan, Child Health Plus or Essential Plan).

b. If code 0224U is billed with 86769 then 86769 will not be reimbursed by the Health Plan.

c. The Health Plan will not reimburse U0001, U0002, U0003, U0004, 87635, and/or 87426, when billed with 0202U on same day, by the same provider.

d. The Health Plan will not reimburse U0001, U0002, U0003, U0004, 87635, and/or 87426, when billed with 0223U on same day, by the same provider.

e. The Health Plan will not reimburse U0001, U0002, U0003, U0004, 87635, and/or 87426, when billed with 0225U on same day, by the same provider.
f. The Health Plan will not reimburse CPT codes 87501, 87502, 87503, 87804, 87400, 87275, and/or 87276 when billed with CPT code 87636 by the same provider on the same date of service.
g. The Health Plan will not reimburse CPT codes 87501, 87502, 87503, 87804, 87400, 87275, 87276, 87420, and/or 87634, when billed with CPT code 87637 by the same provider on the same date of service.
h. The Health Plan will not reimburse CPT codes 87501, 87502, 87503, 87804, 87400, 87275, and/or 87276, when billed with CPT code 0240U by the same provider on the same date of service.
i. The Health Plan will not reimburse CPT codes 87501, 87502, 87503, 87804, 87400, 87275, 87276, 87420, and/or 87634 when billed with CPT code 0241U by the same provider on the same date of service.
j. The Health Plan will not reimburse CPT codes 87501, 87502, 87503, 87804, 87400, 87275, and/or 87276 when billed with CPT code 87428 by the same provider on the same date of service.

Policy Part 2 Convalescent Plasma Donation:

I. The Health Plan will not reimburse for 0226U, 86408, and/or 86409 per member contract.

Policy Part 3 Supply Code:

I. The Health Plan will not separately reimburse supply code 99072.

Policy Part 4 Over the Counter Home Testing:

I. The Health Plan will cover over-the-counter home tests, (with the exception of Medicare Advantage) in compliance with state and federal guidelines, without an attending provider order. The Health Plan will reimburse over-the-counter home tests under the pharmacy benefit.

REIMBURSEMENT REQUIREMENTS

Providers are to submit claims for CPT® codes U0001, U0002, U0003, U0004, U0005, 86328, 87635, 86769, 0202U, G2023, G2024 and C9803, 0223U, 0224U, 87426, 0225U, 86413, 0226U, 86408, 86409, 87636, 87637, 87811, 0240U, 0241U, 99072, 87428, and/or 87913. 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
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 two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)
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
0225U	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 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])
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])
0240U	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	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
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
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
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
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
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
Convalescent Plasma Donation	

0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2(SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
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
Supply Code	
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
Procedure codes	
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza
87400	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; Influenza, A or B, each
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
ICD10 Code Description	
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
Z56.89	Other problems related to employment
Z56.9	Unspecified problems related to employment
Modifier Description	
-CG	Policy criteria applied

GRIEVANCE PROCESS

A provider can dispute the denial of either the facility claims 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

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

Applicable Administrative Policies

Please refer to AP-15 Evaluation and Management with Vaccine Administration regarding COVID-19 Vaccines

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
American Medical Association sources:
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
https://www.ama-assn.org/system/files/2020-09/coronavirus-long-descriptors.pdf
Families First Coronavirus Response Act (FFCRA):
https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/FAQs-Part-44.pdf
NYS Department of Health:
Medicaid Billing Guidance for COVID-19 Testing (ny.gov)

DISCLAIMERS:

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 review claims/services 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:

07/01/2020: Part 1 Section III d. and e. Added code C9803
08/10/2020: Part 1 Section IV: Added new codes 0223U, 0224U, 87426, Remove C9803 POS info, Section IV: add G2023, and/or G2024
09/22/2020: Part 1 Section III a. Section IV: Added new codes 0225U, 86413, Part 2 Section I: Added 0226U, 86408, 86409
10/20/2020: Part 1 Section III and IV Added codes: 87636, 87637, 87811, 0240U, 0241U. Part 3 Section I: added code 99072
11/16/2020: Part 1 Section II e. f. G2023 and G2024, Part 1 Section IV: added Travel
12/09/2020: Part 1 Section III and IV Added codes: 87428, AP-15 Reference 01/01/2021: Added codes U0005 and Z20.822
01/21/2021: Part 1 Section IV: c. d. e. added and removed B97.29
02/04/2021: Part 1 Section III: added U0005
03/01/2021: Part 1 Section IV: Added f. g. h. i. j.
03/23/2021: Part 1 Section III: removed a-d, added reference FAQ 4408/03/2021: Part 1 Section I: removed Executive orders
11/02/2021: Part 1 Section I: updated attending provider and Disclaimer12/13/2021: Part 1 Section IV a.: Exclude MMC, CHP, HARP, and EP
03/01/2022: Added Policy Part 4 Over the Counter Home Testing, updated Part 1 Section III. a. reference to Part 4.
03/24/2022: Add code 87913 Part 1 Section IV
04/18/2022: Add K1034 to Policy Part 4, updated Medicare coverage in Policy Part 4.
07/14/2022: Policy Part 4: Update OTC testing