



## **Billing Guidance**

### **COVID-19 Specimen Collection and Testing**

**Revised August 24, 2020**

To streamline claim adjudication for COVID-19 services, Independent Health is providing the following billing guidance to clearly define services related to COVID-19 Testing. This guidance is effective immediately; please incorporate into your billing practices as soon as possible.

As additional codes are released or updated to respond to industry need, we will update this guidance, so please check back frequently for updates.

#### **COVID-19 Lab Testing Policy**

Independent Health has published the **COVID-19 Lab Testing Policy** effective September 1, 2020 on the secure Provider Portal. Independent Health covers COVID-19 testing with no cost-sharing when a healthcare provider decides that testing is medically appropriate for the purpose of diagnosing or treating the individual. However, Based on [federal guidance](#), Independent Health does not cover COVID-19 testing when it is to screen for general workplace health and safety (such as employee “return to work” programs), for public health surveillance, or for any other purpose not intended to diagnose or treat an individual. Our policy is consistent with other plans throughout New York State and across the country.

Services related to non-covered testing must be submitted to Independent Health with diagnosis code **Z02.9**, “Encounter for administrative examinations” in the primary position. Please review the policy for additional information. The diagnosis requirement is applicable to all scenarios outlined in this document. *Please refer to our special Provider COVID-19 Frequently Asked Questions for more information on testing, including the section on Facilities and Labs.*

#### **Modifier CS**

Independent Health will recognize the recently updated **CS Modifier** to indicate that an evaluation and management (E/M) or specimen collection code is related to COVID-19 testing. This modifier will be used to determine member liability waivers during the Public Health Emergency (PHE). Other services conducted at the visit may result in applicable member liability.

**Modifier CS** - Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test

Failure to report this modifier in accordance with guidance below may result in a claim triggering a member liability which otherwise would not be required during the PHE according to State and Federal requirements.

#### **Evaluation and Management Services**

An evaluation and management service, whether face-to-face or via telehealth, which results in the order or completion of a COVID-19 test must have **Modifier CS** appended. This is applicable for all lines of business.

For Medicare Advantage members, **Modifier CS** would also be applicable for visits where the patient was evaluated for the purpose to determine the need for a Covid-19 test, even if the visit does not result in the order of a test.

Note, when a specimen collection is performed during a more comprehensive evaluation and management service there is no additional reimbursement for the collection service.

### **Specimen Collections and Laboratory Tests**

#### **Provider Office**

Within a physician's office, when assessment of symptoms and specimen collection is the **only** service performed by the clinical staff and incident to the physician, CPT® code 99211 is billable for the service. This code is billable for both new and established patients and must be submitted with modifier **CS** to attest the claim is for COVID-19 specimen collection.

In the event a blood draw is the only service performed in-office to send a sample for serology testing, modifier **CS** would also be applicable.

Due to the nature of current FDA EUA COVID-19 tests, there are limited point-of-care testing options. Below are current point-of-care testing codes. Independent Health will continue to closely monitor point-of-care testing services and will update this document and fee schedules accordingly.

#### **Antigen Testing** (Code Effective June 25, 2020)

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]) (Coronavirus disease [COVID-19])

#### **Molecular Testing** (Code Effective March 13, 2020)

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

#### **Laboratory**

Effective March 1, 2020, there are two new HCPCS Codes billable by laboratories to describe active virus specimen collections.

**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 skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source.

These codes are billable by laboratories, and are reimbursable for Commercial, Medicare Advantage and Self-Funded members only. In accordance with New York State Guidance, these codes are not billable in addition to the laboratory test.

For antibody testing, the appropriate blood draw code is billable for all lines of business and will be reimbursed in accordance with your current provider agreement. **Modifier CS** should be appended to the blood collection service when performed to run a COVID-19 antibody test.

### **Specimen Collections and Laboratory Tests Cont.**

#### **Hospital Outpatient Department**

There are two new HCPCS Codes applicable to hospital outpatient departments to describe active virus specimen collections and are billable in accordance with the guidelines below.

Effective March 1, 2020, Commercial, Medicare Advantage, and Self-Funded claims for active virus specimen collection may be billed with code C9803. This code is conditionally packaged and will only be reimbursed when billed without another primary covered outpatient service or with a clinical diagnostic laboratory test that is assigned a status indicator of "A" in Addendum B of the OPPS.

**C9803** - Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]), any specimen source.

Effective May 22, 2020, State Product claims for active virus specimen collection may be billed with code G2023.

**G2023** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source.

In accordance with New York State Guidance, this code is billable when the specimen collection is the **only** service rendered at the encounter. G2023 will not be reimbursed to hospital outpatient departments if billed with any other primary procedures or laboratory tests on the same date of service.

For antibody testing, the appropriate blood draw code is billable for all lines of business and will be reimbursed in accordance with your current provider agreement. **Modifier CS** should be appended to the collection service when performed to run a COVID-19 antibody test.