Billing Guidance
COVID-19 Laboratory Testing
When required by employer or other third parties
Revised August 24, 2020

Overview

This guidance details Member benefits and provider billing for laboratory testing related services and associated professional or facility medical visits relating to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus and the coronavirus disease it causes (COVID-19). There is a supporting ***COVID-19 Laboratory Testing Policy*** posted 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. This guidance describes the billing procedures when COVID-19 testing is not covered for the instances as described above.

Government-operated testing sites, which are free to patients, may be an option for testing which is not covered by IH. Members may schedule appointments by calling the New York State Coronavirus Hotline (1-888-364-3065) or by contacting their county health department.

Billing Guidance for Non-Covered Testing and Related Services

If an asymptomatic patient presents for third party ordered or recommended testing, you may still perform the specimen collection or test, but there are additional procedures that must be followed:

- You must make Independent Health members aware that the test and visit will be non-covered and are their responsibility. If applicable, the patient should consult the organization making the referral for payment for the test(s) and related visit.
  - For Commercial, State and Self-Funded products the provider should obtain a self-pay agreement prior to rendering the service and may collect up front or bill the patient for the cost of the service. Claims should not be submitted to Independent Health.
  - For Medicare Advantage products, providers are strongly encouraged to instruct the patient to obtain from Independent Health a Notice of Denial of Medical Coverage (NDMC) and issue it to the patient. Services in this case should also be billed to the patient.

- A specific diagnosis code must be used on the laboratory order or script, **Z02.9**, "Encounter for administrative examinations". This will communicate the non-coverage to the Lab.

- If the patient and/or ordering provider needs documentation of a denial and must submit a claim for the non-covered service, **Z02.9** must be reported as the primary or principal diagnosis on the claim.

- If you are also processing the specimen in your office or onsite lab and need documentation of a denial from Independent Health, **Z02.9** must be reported as the primary or principal diagnosis on the claim.