

COVID-19 TESTING - COVERAGE, TESTING & CODING

Last Updated: February 10, 2021

The following are temporary provisions that are in effect as specified below as part of COVID-19 pandemic response and are in effect until the Governor of Delaware lifts the Declaration of a State of Emergency.

Coverage

HHO will cover all medically necessary services, without the need for an authorization or referral, for testing and treatment of COVID-19, in accordance with federal and state guidance. HHO has an exclusive testing arrangement with LabCorp. Until otherwise specified or contracted, testing for HHO members must be sent through LabCorp.

Testing: Specimen Collection Only

The following codes may be used when collecting specimens for the diagnostic purposes of COVID-19. Reimbursement for specimen collection will, in general, only be separately reimbursed if it is the ONLY code billed on the claim. If billed with another code, such as an E&M code, no separate reimbursement will be allowed.

HCPC/CPT Code	Description	Who Can Use
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	Sample collected at a Mobile collection unit or Physician office billed on a 1500 form as appropriate
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)	Sample collected at a Mobile collection unit or Physician office billed on a 1500 form as appropriate

99211 <i>(per CMS guidelines published on 4/30/20)</i>	CMS has approved for specimen collection for new and established patients (normal use is Level 1 established patient office/outpatient E/M visit)	Physician office ONLY when no other physician services are billed for the collection encounter
C9803	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2)	Facility Only including mobile unit UB claim billers
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)	Independent Clinical Labs ONLY
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) from an individual in a SNF or by a laboratory on behalf of an HHA	Independent Clinical Labs ONLY

Testing: COVID-19 Molecular Testing

The following codes have been created for providers and laboratories to allow billing for COVID-19 patient diagnostic tests.

HCPC/CPT Code	Description	Who Can Use
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	Laboratories and physician offices
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.	Laboratories and physician offices
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.	Laboratories and physician offices
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])	Laboratories and physician offices

U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel	CDC testing laboratories
U0002	2019-nCoV coronavirus, SARS-CoV-2 (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	Non-CDC testing laboratories
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	Labs using high through-put technology ONLY
U0004	2019-nCoV coronavirus, SARS-CoV-2 (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described in CMS-2020-01-R	Labs using high through-put technology ONLY

When filing the COVID-19 testing and office visits claims, only use one code for COVID-19 testing. Other services provided during the visit may be billed on the same claim but as a separate claim line with the appropriate CPT/HCPC codes. Testing collection code may bundle and not be separately reimbursed when billed with some other services as per standard edit procedure.

For additional coding guidance, CPT Assistant has provided a fact sheet for the SARS-CoV-2 (COVID-19) test in relation to the use of the new CPT code.

Testing: Antibody Testing

While serological tests are becoming more available, these tests have only received emergency use authorization. Serological tests are not standardized and the majority have not undergone FDA review and testing, so their reliability is unknown. Many of these tests could be cross-reactive with other viruses resulting in false positives for example. Finally, it is unknown what immunity antibodies provide to the novel coronavirus.

The American Medical Association¹ has warned doctors against using these tests designed to identify people already exposed to the coronavirus to make healthcare decisions for individual patients, and Highmark aligns with this guidance.

HCPC/CPT Code	Description	Who Can Use
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Laboratories and physician offices

86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Independent and facility labs
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¹ American Medical Association, "AMA cautions about limitations of antibody testing for SARS-CoV-2," American Medical Association, May 14, 2020; <https://www.ama-assn.org/press-center/press-releases/ama-cautions-about-limitations-antibody-testing-sars-cov-2>.

CPT for Public Health Emergency Expenses

The American Medical Association (AMA) released CPT code 99072, which became effective on September 8, 2020. The code is designed for practices to report expenses incurred during a Public Health Emergency (PHE), including supplies and additional clinical staff time.

- Providers may include code 99072 on the claim; however, the code is considered non-reimbursable for all members.
- 99072 should only be reported when the service is rendered in a non-facility place of service (POS) setting and in an area where it is required to mitigate the transmission of the respiratory disease for which the PHE was declared. It should be reported only once per in-person patient encounter per provider, regardless of the number of services rendered at that encounter.
- The code can only be used during a PHE (e.g. COVID-19 pandemic). Once a PHE has ended, the code will be invalid.

Diagnosis Codes

HHO recommends following the CDC published guidelines for diagnosis coding related to COVID-19. The CDC has provided interim coding guidance on which ICD-10 diagnosis codes to report until a new code becomes effective Oct. 1, 2020.

- [CDC ICD-10-CM Official Coding Guidelines - Supplement](#)
- [CDC New ICD-10-CM code for the 2019 Novel Coronavirus](#)

Diagnosis	Description
Confirmed Coronavirus	B34.2, Coronavirus Infection Unspecified
Confirmed COVID-19	U07.1, COVID-19 (effective 4/1/20)
Suspected, Possible, or Probable COVID-19	Do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828)
Pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19)	J12.89, Other viral pneumonia B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Acute bronchitis confirmed as due to COVID-19	J20.8, Acute bronchitis due to other specified organisms B97.29, Other coronavirus as the cause of diseases classified elsewhere

Bronchitis not otherwise specified (NOS) due to the COVID-19	J40, Bronchitis, not specified as acute or chronic B97.29, Other coronavirus as the cause of diseases classified elsewhere
Lower respiratory infection due to COVID-19	J22, Unspecified acute lower respiratory infection B97.29, Other coronavirus as the cause of diseases classified elsewhere
Acute respiratory infection due to COVID-19	J22, Unspecified acute lower respiratory infection B97.29, Other coronavirus as the cause of diseases classified elsewhere
Respiratory infection due to COVID-19	J98.8, Other specified respiratory disorders B97.29, Other coronavirus as the cause of diseases classified elsewhere
ARDS due to COVID-19	J80, Acute respiratory distress syndrome B97.29, Other coronavirus as the cause of diseases classified elsewhere
Concern for exposure to COVID-19 where COVID-19 is Ruled OUT	Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
Actual exposure to someone who is confirmed to have COVID-19	Z20.828, Contact with and (suspected) exposure to other viral communicable diseases