COVID-19 Testing Coverage and Claims Information for Providers

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

During the Public Health Emergency (PHE), Highmark Health Options 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. Highmark Health Options has an exclusive testing arrangement with LabCorp. Until otherwise specified or contracted, testing for Highmark Health Options members must be sent through LabCorp.

TESTING: SPECIMEN COLLECTION ONLY

The following code 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.

CPT/HCPCs Code	Description
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).
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
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.

TESTING: COVID-19 MOLECULAR TESTING

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

CPT/HCPCs Code	Description
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel.
U0002	2019-nCoV coronavirus, SARS-CoV-2 (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 (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.
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 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code u0003 or u0004) SARS-CoV-2 .

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.
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
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]).
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]).
87428	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B.
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
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed.
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.
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.
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.
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum.
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative. (Effective 9/8/2020).
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 (effective 10/6/2020).
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 (effective 10/6/2020).
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) (effective 10/6/2020).

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) (Code is effective for dates of service on and after February 21, 2022).
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 (effective 10/6/2020).
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 (effective 10/6/2020).

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 codes.

OVER-THE-COUNTER (OTC) TESTING

A maximum of eight tests are covered per rolling 30 days per member. If a member requires additional tests, prior authorization may be required. Pharmacists must follow the National Council for Prescription Drug Programs (NCPDP) standard and use the National Drug Code (NDC) found on the package. No copayment will apply to during the COVID-19 Public Health Emergency (PHE). Pharmacies will be reimbursed at the State Specific Maximum Allowable Cost (DMAC) (price on file) for each item billed or Usual & Customary. The DMAC on COVID-19 OTC antigen tests are $12.00; while COVID-19 OTC PCR tests are $80.00. Regular Dispensing Fees will apply. Covered test kits and reimbursement are listed below:

NDC	Label Name (Test Name)	# of Tests in Kit	Billing Unit	Effective Date	State Specific Maximum Allowable Cost (DMAC)
11877001133	Binaxnow COVID AG Card Home Test	2	2	01/15/2022	$12/test; $24/kit
11877001140	Binaxnow COVID-19 AG Self-test	2	2	01/15/2022	$12/test; $24/kit
14613033972	Quickvue at-home COVID-19 Test	2	2	01/15/2022	$12/test; $24/kit
56964000000	Ellume COVID-19 Home Test	2	2	01/15/2022	$12/test; $24/kit
8337000158	Inteliswab COVID-19 Rapid Test	2	2	01/15/2022	$12/test; $24/kit
56362000589	IHEALTH COVID-19 AG Rapid Test	2	2	01/15/2022	$12/test; $24/kit
82607066027	Flowflex COVID-19 AG Home Test	2	2	01/15/2022	$12/test; $24/kit
82607066026	Flowflex COVID-19 AG Home Test	1	1	01/15/2022	$12.00
50010022431	Carestart COVID-19 AG Home Test	2	2	01/15/2022	$12/test; $24/kit
42022224	Pixel COVID-19 Home Collection Kit	1	1	01/15/2022	$80.00/test

10055097004	Lucira Check-It COVID-19 Test	1	1	01/15/2022	$80.00/test

NOTE:

- Test kits cannot be separated. The entire test kit should be dispensed as intended by the manufacturer.
    - Test kits with multiple tests should not be dispensed as individual tests.
- The COVID-19 OTC test coverage benefit is subject to change.

Reference

State of Delaware. (2022). DMMA COVID 19 Guidance. Dhss.Delaware.Gov.