Payment Policy | TEMPORARY COVID-19 Diagnostic Testing

EFFECTIVE DATE: 03|06|2020
POLICY LAST UPDATED: 10|15|2020

OVERVIEW
This policy addresses testing for COVID-19.

This policy applies to Blue Cross & Blue Shield of Rhode Island (BCBSRI) participating providers, including, but not limited to the Rhode Department of Health Laboratory as well as non-participating or Out-of-Network providers with BCBSRI. However, please note that BCBSRI participating providers should continue to refer to an in-network laboratory when possible.

BCBSRI reserves the right to implement and revoke this policy and/or make a change to the waiver of member cost share without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Notice of the implementation and withdrawal of this policy will only be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Commercial Products

Testing is covered when medically appropriate for the individual, as determined by the individual's attending health care provider. Clinical decisions about testing are made by the individual's attending health care provider and may include testing of individuals with signs or symptoms compatible with COVID-19, as well as asymptomatic individuals with known or suspected recent exposure to SARS-CoV-2, that is determined to be medically appropriate by the individual's health care provider, consulting CDC guidelines as appropriate. See Centers for Disease Control and Prevention, Overview of Testing for SARS-CoV-2, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.

In adherence with the Rhode Island Office of the Health Insurance Commissioner & Medicaid Program Instructions During the COVID-19 State of Emergency issued on March 13, 2020, and federal requirements under the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security Act (CARES Act), BCBSRI will TEMPORARILY waive cost-share (e.g. co-pays and/or deductibles) for diagnostic laboratory testing and the collection of specimens related to COVID-19. This policy applies to laboratory tests that have been approved by the FDA or which have followed the emergency use authorization process outlined by the FDA and are listed on the FDA website.

BCBSRI requires a physician or advanced practice provider order for all laboratory testing to diagnose or treat conditions. Therefore, an order is required for testing described in this policy.

Please note that BCBSRI's Commercial Subscriber Agreements exclude coverage for:

> Testing for return to work, employment, education, court order or other third-party requirements is not covered. Testing for public health surveillance purposes is also not covered.

BlueCHiP for Medicare
Coverage follows Medicare guidelines for COVID-19 and related diagnostics testing as set forth in Interim Final Rule CMS-3401. As subsequent guidance is issued, BCBSRI will revise this policy as necessary.

In adherence with federal requirements under the FFCRA and the CARES Act, as well as CMS guidance, BCBSRI will TEMPORARILY waive cost-share (e.g. co-pays and/or deductibles) for diagnostic laboratory testing and the collection of specimens related to COVID-19. This policy applies to laboratory tests that have been approved by the FDA or which have followed the emergency use authorization process outlined by the FDA and are listed on the FDA website. In accordance with CMS guidance, this coverage without cost-share applies to one COVID diagnostic test and one of each related test (flu, pneumonia, etc.) without an order from a physician or other practitioner. All future tests require an order.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable laboratory services benefits and excluded services/coverage.

BCBSRI Cost Share Waiver

BCBSRI will waive all member cost share for BCBSRI subscribers (this waiver of the cost share should also apply to BlueCard HOST members/those members of other Blue Cross Blue Shield Plans nationally, due to requirements of the Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act) for laboratory testing and specimen collection related to COVID-19 as outlined in this policy, during the time period this policy is in effect. Providers should NOT collect cost share from a member in accordance with this policy."

BACKGROUND

Effective for dates of service on or after February 4, 2020, Centers for Medicare and Medicaid Services (CMS) has developed Healthcare Common Procedure Coding System (HCPCS) billing codes, U0001 and U0002 to bill for tests and track new cases of the virus. Code U0001 may be used for CDC testing laboratories. Code U0002 may be used for tests established by laboratories that develop their own validated COVID-19 diagnostics when submitting claims to Medicare or health insurers.

Effective for dates of service on or after March 1, 2020, the Centers for Medicare and Medicaid Services (CMS) has also established Healthcare Common Procedure Coding System (HCPCS) billing codes, G2023 and G2024 to identify and reimburse specimen collection for COVID-19 testing. These codes are billable and separately reimbursed when rendered by clinical diagnostic laboratories.

Effective for dates of service on or after March 13, 2020, the American Medical Association (AMA) created a new CPT (Current Procedural Terminology) code, 87635, that will streamline coronavirus testing offered by hospitals, health systems and laboratories in the United States. It is intended as industry standard for reporting of novel coronavirus tests across the nation's health care system.

Effective for dates of services on or after April 10, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) codes, 86328 and 86769, for serologic laboratory testing to address the urgent clinical need to report antibody testing related to COVID-19.

Effective for dates of service on or after April 14, 2020, the Centers for Medicare and Medicaid Services (CMS) has also established Healthcare Common Procedure Coding System (HCPCS) billing codes, U0003 and U0004 to represent clinical diagnostic laboratory tests that make use of high-throughput technologies.

This technology involves high sophisticated equipment that requires more intensive technician training and more time intensive processes to ensure quality. High throughput technology uses a platform that employs automated processing that allows for increased test capacity (i.e. more than two hundred specimens a day) and allows for more rapid diagnosis.

Effective for dates of service on or after May 20, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) codes, 0202U for testing related to COVID-19.

Effective for dates of service on or after June 25, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) codes, 87426, 0223U and 0224U for testing related to COVID-19.

Effective for dates of service on or after August 10, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) codes 86408, 86409, 0225U and 0226U for testing related to COVID-19.

Effective for dates of service on or after September 8, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) code 86413 for testing related to COVID-19.

Effective for dates of service on or after October 6, 2020, the American Medical Association (AMA) created new CPT (Current Procedural Terminology) codes 87636, 87637, 87811, 0240U and 0241U for testing related to COVID-19. As the COVID-19 pandemic continues to progress, and the season for influenza and respiratory syncytial virus (RSV) approaches, clinicians need to be able to rapidly distinguish influenza A, influenza B and RSV infections from infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

CODING

BlueCHiP for Medicare and Commercial Products

The following codes for diagnostic laboratory testing are to be billed by the laboratory processing the test or a provider's office if performing a CLIA waived/point of care test filed with a QW modifier. These codes are covered with no cost share effective for the dates of service identified above:

86328 Immunoassay for infectious agent antibodies, qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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
86413 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87426 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])
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
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])
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
0224U Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
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
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
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

Note:
U0003 should identify tests that would otherwise be identified by CPT code 87635, but are being performed with the high throughput technologies.
U0004 should identify tests that would otherwise be identified by HCPCS code U0002, but are being performed with the high throughput technologies.
Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies (CPT codes 86328 and 86769).

The following HCPCS codes for specimen collection are covered and separately reimbursed with no cost share effective for the dates of service identified above for hospital outpatient services and by clinical diagnostic laboratories for nursing home or home health patients:

C9803 Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source
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.

Please note: Use of Modifier QW is required for any test that is CLIA (Clinical Laboratory Improvement Amendments) waived:

QW CLIA waived test

REIMBURSEMENT

BCBSRI reserves the right to audit medical and/or any administrative records related to adherence to all the requirements of this policy.

RELATED POLICIES

TEMPORARY Cost Share Waiver for Treatment of Confirmed Cases of COVID-19 During the COVID-19 Crisis
TEMPORARY Encounter for Determination of Need for COVID-19 Diagnostic Testing
TEMPORARY Telemedicine/Telehealth and Telephone Preventive Medicine Evaluation and Management Visits and Annual Wellness Visits During the COVID-19 Crisis
TEMPORARY Telemedicine Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/5/20 – 3/17/20
TEMPORARY Telemedicine/Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/18/20
TEMPORARY Timely Filing Limit Extension Policy – Additional 180 Days During the COVID-19 Crisis

PUBLISHED

BCBSRI's website under Medical and Payment Policies

REFERENCES

1. Families First Coronavirus Response Act, Public Law No: 116-127
https://www.congress.gov/bill/116th-congress/house-bill/6201/text/pl
2. Centers for Disease Control and Prevention, Overview of Testing for SARS-CoV-2, available at
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.
3. CMS-3401-IFC
https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-19150.pdf