Payment Policy | TEMPORARY COVID-19 Diagnostic Testing

EFFECTIVE DATE: 03|06|2020
POLICY LAST UPDATED: 04|17|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
BlueCHiP for Medicare and Commercials Products
Diagnostic laboratory testing related to COVID-19 is covered by Blue Cross & Blue Shield of Rhode Island (BCBSRI) under the members laboratory benefit for those members that meet the United States Centers for Disease Control and Prevention (CDC) guidelines/indications for testing and/or those guidelines/indications set forth/established by the Rhode Island Department of Health.

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, 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 (see Coding Section for applicable HCPCS codes) when the following criteria are met:

- Testing is consistent with and members meet the guidelines set forth by the United States Centers for Disease Control and Prevention (CDC) and/or the Rhode Island Department of Health, and
- Testing must be processed by an FDA-approved lab.

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.

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/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 for professional providers e.g. physicians and Advanced Practice Providers or 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.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes for diagnostic laboratory testing are to be billed by the laboratory processing the test and 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])
86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [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
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 professional providers e.g. physicians and Advanced Practice Providers, facilities such as hospitals for outpatient services, SNF's for non-skilled patients, home care agencies or by clinical diagnostic laboratories.
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 3/18/20
TEMPORARY Timely Filing Limit Extension Policy – Additional 180 Days During the COVID-19 Crisis

PUBLISHED
BCBSRI's website under Medical and Payment Policies

REFERENCES
Families First Coronavirus Response Act, Public Law No: 116-127
https://www.congress.gov/bill/116th-congress/house-bill/6201/text/pl

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS