Payment Policy: COVID-19 Services		
Original Date Approved: 3/13/2020	**Effective Date** 02/04/2020 (various service type effective dates may differ per CMS guidance)	**Date Revised:** 4/27/2020
Scope: Commonwealth Care Alliance (CCA) Product Lines: ☒ Senior Care Options ☒ One Care		

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) recognizes the severity of the recent novel virus COVID-19. On March 10th, a State of Emergency was declared in Massachusetts due to the rapid outbreak of respiratory illness COVID-19. CCA recognizes the urgency for provider guidance regarding reimbursement for COVID-19 related services.

REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:

Prior Authorization will not be required for any COVID-19 related testing, treatment, or supplies.

PROVIDER REIMBURSEMENT:

Rates of payment for services delivered via Telehealth will be reimbursed at the same rate of face-to-face services.

CCA will cover prevention, testing, and treatment for COVID-19. There will be no out of pocket expenses for the member. Coverage includes:

- Diagnostic laboratory services (these must be performed by laboratories and facilities that have obtained the appropriate approval to test members for COVID-19)
- Telehealth and certain telephonic services in which members have access to all clinically appropriate medically necessary COVID-19 covered services
- Quarantine for COVID-19 in a hospital via Administrative Necessary Days (AND) or Observation Services.
- Drugs, early refills of covered drugs, including 90 day supplies
- Asynchronous Telemedicine will be covered and this is in effect until rescinded, or until the state of emergency is lifted.
- Real Time Synchronous Telemedicine (*For further billing instructions, please see the Telemedicine payment policy.)*

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BILLING AND CODING GUIDELINES:

Lab Testing codes have been developed by CMS for the testing of COVID-19:

Code	Description
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source (to be used by clinical diagnostic laboratories)
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
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)
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.
86328	Immunoassay for infectious agent antibody(ies), 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	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)

CMS has made these codes effective for dates of service on or following February 4th 2020. These codes will be accepted as of April 1st 2020 for claims processing.

ICD-10-CM codes have also been developed via the CDC for respiratory illnesses identified with COVID-19. Please follow applicable ICD-10-CM guidelines:

Description	ICD-10-CM Diagnosis Codes
COVID-19	B34.2 or U07.1
Pneumonia Confirmed due to COVID-19	J12.89, B97.29
Acute Bronchitis Confirmed due to COVID-19	J20.8, B97.29
Bronchitis NOS (not specified as acute or chronic) Confirmed due to COVID-19	J40, B97.29
Lower Respiratory Infection or Acute Respiratory Infection Associated with COVID-19	J22, B97.29
Respiratory Infection NOS	J98.8, B97.29
Acute Respiratory Distress Syndrome (ARDS) due to COVID-19	J80, B97.29
Possible Exposure to COVID-19 (ruled out)	Z03.818

Confirmed Exposure to COVID-19	Z20.828
Screening for COVID-19 (no signs/symptoms, no exposure)	Z11.59

**Per ICD-10-CM Guidelines when a definitive diagnosis has not yet been established please code signs/symptoms:* Fever (R50.9), Chills w/o fever (R68.83), Chills w/ fever (R50.9), Cough (R05), Headache (R51), Shortness of Breath (R06.02), Sore Throat (R07.0), Malaise (R53.81), Other Malaise & Fatigue (R53.83), Myalgia (M79.1X), Other Disturbances of Smell & Taste (R43.8).

*****Effective 3/1/2020, as a result of this this nationwide public health emergency CCA will temporarily reimburse all CMS required Telemedicine services (Please see the Telemedicine/Telehealth policy for complete billing & coding guidance). This includes the full range of Evaluation & Management Office visits (99201-99215). In addition, Virtual Check-Ins, E-Visits, and Telephonic services should be billed as below. As many of these services require patient initiation, please inform your patients that this service is temporarily available to them to prevent unnecessary traveling and further spread of COVID-19 **:***

Virtual-Check Ins

Virtual- Check In services must have consent obtained by the patient as well as patient initiation of the service:

Code	Description	Modality
G2012	Brief communication technology-based service (e.g. virtual check-in) by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours. 5-10 minutes of medical discussion	Telephone, Audio/Video, Secure Text Messaging, Email, or Patient Portal.
G2010	Remote evaluation of recorded video and/or image(s) submitted by an established patient (e.g. store and forward) including interpretation with follow up with the patient within 24 business hours or soonest available appointment, not originating from a visit within the previous 7 days	Recorded video and/or image(s)
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	Recorded video and/or image(s); Online Management

E-Visits

Established patients have the ability to engage in non-face-to-face patient-initiated communications with their doctors without traveling to their providers office and communicating with their provider via Patient Portal. The patient must initiate and consent to the discussion and communication may occur over a 7-day period.

Code	Description
99421	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes

99422	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes

Clinicians who may not bill independently evaluation & management services (ex: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists) may report the following codes for E-Visits:

Code	Description
G2061	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
G2062	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
G2063	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes
98970	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Telephone Services

Telephone Services are defined by CPT as non-face-to-face Evaluation & Management (E&M) services provided to a patient using the telephone provided by a physician or other qualified health care professional, who may report E&M services. Established patients have the ability to engage in non-face-to-face patient-initiated communications with their provider if the telephone service does not end with the patient being seen within the next 24 hours or next available urgent care appointment. If the telephone service is in reference to a service performed within the previous 7 days (either requested or unsolicited patient follow up) or within the post-operative period of a previously completed procedure then the service is considered part of that procedure and not reported separately.

Codes	Description
99441	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 5-10 minutes of medical discussion
99442	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 11-20 minutes of medical discussion
99443	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 21-30 minutes of medical discussion

Telephone services provided by a qualified non-physician health care professional (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists):

Code	Description
98966	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an

	assessment and management service or procedure within 24 hours or soonest available appointment. 5-10 minutes of medical discussion
98967	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an assessment and management service or procedure within 24 hours or soonest available appointment. 11-20 minutes of medical discussion
98968	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an assessment and management service or procedure within 24 hours or soonest available appointment. 21-30 minutes of medical discussion

Per Mass Health guidance, certain LTSS services are eligible to be performed via Telemedicine/Telehealth as well. Please review the latest bulletin updates for complete details: https://www.mass.gov/doc/ltss-provider-updates-for-covid-19/download

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

CDC ICD-10-CM Official Coding Guidelines Supplement
CMS Coverage & Payment Related to COVID-19

Mass Health LTSS Provider Guidance https://www.mass.gov/doc/ltss-provider-updates-for-covid-19/download
CCA Website http://www.commonwealthcarealliance.org
MLN Connects: https://www.cms.gov/files/document/se20011.pdf
Coverage and Payment Related to COVID-19: https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf
COVID-19 FAQ's: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
COVID-19 Telemedicine Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

POLICY TIMELINE DETAILS

1. Drafted March 2020
2. Revised March 17th 2020 due to release of Telemedicine regulations for COVID-19
3. Revised March 18th 2020 due to release of Telemedicine regulations for COVID-19
4. Revised April 13th 2020 due to the release of new COVID-19 regulations
5. Revised April 17th 2020 due to the release of new COVID-19 regulations
6. Revised April 20th 2020 due the release of new COVID-19 regulations
7. Revised April 27th 2020 due to the release of new COVID-19 regulations
8. Revised May 18th 2020 to include 98970-98972