



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: 09/29/2021
Scope: Commonwealth Care Alliance (CCA) Product Lines: <input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u> <input checked="" type="checkbox"/> <u>CCA Medicare Preferred – (PPO) MA</u> <input checked="" type="checkbox"/> <u>CCA Medicare Preferred – (PPO) RI</u> <input checked="" type="checkbox"/> <u>CCA Medicare Value - (PPO) MA</u> <input checked="" type="checkbox"/> <u>CCA Medicare Value - (PPO) RI</u> <input checked="" type="checkbox"/> <u>Medicare Maximum – (HMO DNSP) RI</u>		

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- Asynchronous Telemedicine will be covered and this is in effect until rescinded, or until the state of emergency is lifted.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.*)

BILLING AND CODING GUIDELINES:

Utilize E/M code 99211 to bill for assessment and collection provided by clinical staff (such as pharmacists) incident to your services, unless you are reporting another Evaluation and Management (E/M) code for concurrent services.

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

Code	Description	Effective Date
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)	03/01/2020
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	03/01/2020
C8903	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	03/01/2020
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	02/04/2020
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)	02/04/2020
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.	04/14/2020
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.	04/14/2020
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 two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)	01/01/2021
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])	04/10/2020
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	08/10/2020
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	08/10/2020
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) antibody, quantitative	09/08/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/14/2020

87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	06/25/2020
87428	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; (continued pg 3) (continued) severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	11/10/2020
87635	Infectious agent detection by nucleic acid (DNA or RNA)2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)	03/13/2020
87636	Infectious agent detection by nucleic acid (DNA or RNA)severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/06/2020
87637	Infectious agent detection by nucleic acid (DNA or RNA) severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/06/2020
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])	10/06/2020

COVID-19 ICD-10-CM Diagnoses:

The below ICD-10-CM diagnoses have been developed for use during the COVID-19 PHE. Note, B34.2 has been removed. Please follow the ICD-10-CM guidelines:

Description	ICD-10-CM Diagnosis Codes
COVID-19 / Coronavirus	U07.1 during the PHE per ICD-10-CM guidelines
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).

Telemedicine Coding

****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

Telehealth for FQHC's

Telehealth Distant Site fee for FQHC's should be billed with G2025, please see guidance by CMS in SE20016 under the reference documents on the last page of this policy for effective date(s) and guidance.

LTSS Providers

Per Mass Health guidance, certain LTSS services are eligible to be performed via Telemedicine/Telehealth. Please review the latest bulletin updates for complete details regarding Adult Day Health, Adult Foster Care, Personal Care Attendants, Day Habilitation, etc.: <https://www.mass.gov/doc/ltss-provider-updates-for-covid-19/download>

COVID-19 Vaccination Coding:

Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration. **Vaccine and administration as below should be billed to Medicare only, not CCA effective 12/11/2020 through 2021. The only submissions to CCA should be for SCO members with Medicaid only. This vaccine will be payable by CCA 1/1/2022.** Do not submit CPT’s 90471 or 90472 as administration codes in conjunction with CPT 91300 or 91301 in place of the designated 91300 and 91301 administration codes below.

The modifier “SL” should be submitted to indicate state-supplied vaccine or antibodies. This modifier is to be applied to codes to identify administration of vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a manufacturer

Code	Description	Effective Date
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	12/11/2020
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	12/11/2020
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	12/11/2020
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose	8/12/2021
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-	Effective upon receiving emergency use or FDA approval

	LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster	
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	12/18/2020
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	12/18/2020
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	12/18/2020
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose	08/12/2021
0014A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; booster	Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; first dose	Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; second dose	Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	02/27/2021
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-	

	2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose	02/27/2021
91304	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	TBD
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose	TBD
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	TBD
+ M0201	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	06/08/2021

*Per CMS M0201 is reported in addition to the administration code when a patient is vaccinated in the home setting

Monoclonal Antibody COVID-19 Infusion

Monoclonal Antibody COVID-19 Infusion treatment is payable through Medicare currently and not through CCA. Submission of the product and treatment should be submitted to Medicare for the effective dates of 11/10/2020 and 11/21/2020 respectively.

Code	Description	Effective Date
Q0239	Injection, bamlanivimab, 700 mg	11/10/2020
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/10/2020
Q0240	Injection, casirivimab and imdevimab, 600 mg	07/30/2021
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	07/30/2021
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	07/30/2021
Q0243	Injection, casirivimab and imdevimab, 2400 mg	11/21/2020

M0243	Intravenous infusion casirivimab and imdevimab includes infusion and post administration monitoring	11/21/2020
Q0244	Injection, casirivimab and imdevimab, 1200 mg	06/03/2021
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	05/06/2021
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	02/09/2021
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	02/09/2021
Q0246	Injection, sotrovimab, 500 mg	05/26/2021
M0246	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	05/26/2021
Q0427	Injection, sotrovimab, 500 mg	05/26/2021
M0427	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	05/26/2021
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	05/26/2021
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	06/24/2021
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	06/24/2021
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only,	06/24/2021

	includes infusion and post administration monitoring, second dose	
--	--	--

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:

ICD-10-CM Manual 2020/2021

AMA CPT Manual 2021

HCPCS Level II Manual 2021

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>

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://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

COVID-19 Telemedicine Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

COVID-19 Testing for Clinicians:

<https://www.cms.gov/files/document/2020-06-18-mlnc.pdf>

COVID-19 Vaccinations: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

MLN Matters MM11814: <https://www.cms.gov/files/document/mm11814.pdf>

MLN Matters MM11960: <https://www.cms.gov/files/document/mm11960.pdf>

MLN Matters SE20011: <https://www.cms.gov/files/document/se20011.pdf>

MLN Matters SE20016: <https://www.cms.gov/files/document/se20016.pdf>

MLN Matters MM11927: <https://www.cms.gov/files/document/mm11927.pdf>

MassHealth Bulletin 305 COVID-19: <https://www.mass.gov/doc/all-provider-bulletin-304-coverage-and-payment-for-coronavirus-disease-2019-covid-19-vaccine-0/download>

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
9. Revised June 2nd 2020 to include G2025
10. Revised June 18th 2020 to include assessment and collection by clinical staff
11. Revised August 19th 2020 to include 87426
12. Revised October 23rd 2020 to include U0005, 87636, 87637, 87811
13. Revised November 30th 2020 to include 91300, 91301, 0001A, 0002A, 0011A, 0012A and 87428
14. Revised December 17th 2020 to include updated guidance on vaccination submission to Medicare for claims as well as Monoclonal Antibody treatment codes Q0239, M0329, Q0243, M0243. Effective dates updated.
15. Revised January 6th 2021 to include updated guidance on vaccination & monoclonal antibody treatment
16. Revised March 5th 2021 to include updated effective date for 1 dose vaccine and bamlan and etesev infusion
17. Revised June 17th 2021 to include M0201, 91304, 0041A, 0042A
18. Revised September 29th 2021 to include 0003A, 0004A, 0013A, 0014A, Q0240, M0240, M0241, Q0246, M0246, Q0247, M0247, M0248, Q0249, M0249 and additional verbiage regarding add on code M0201 following CMS/CDC guidance