

COVID-19



Provider Billing Guidance as of May 29, 2020

COVID-19 Testing and Testing-Related Services

- State and federal mandates, as well as self-insured customer benefit plan designs, may supersede the guidelines listed below.
- Centers for Medicare & Medicaid Services (CMS) guidelines for place of service may vary.
- Cost share will be waived for testing and testing-related services during the national public health emergency period, from Feb. 4, 2020 through July 24, 2020.

For the most up-to-date provider updates be sure to check UHCprovider.com/covid19

Service	Code(s) to Bill	Additional Information
Testing-Related Services	ICD-10 Code: Z03.818, Z20.828	<ul style="list-style-type: none">• Cost share will be waived for testing and testing-related services when billed with diagnosis codes Z03.818 or Z20.828. Billing: <ul style="list-style-type: none">• Use ICD-10 diagnosis code Z03.818 for suspected exposure to COVID-19, or• Use ICD-10 diagnosis code Z20.828 for exposure to a confirmed case of COVID-19.
	Place of Service: (23) Emergency room (20) Urgent care (11) Office visits (02) Telehealth	
Specimen Collection	HCPC Codes: G2023 and G2024	Cost share will be waived for COVID-19 specific specimen collection.
	CPT® Codes: 99001	Cost share will be waived for specimen collection along with appropriate ICD-10 code of Z03.818 or Z20.828, if not billed with separate E&M charges.
Office Visit	Standard E&M Codes	<ul style="list-style-type: none">• Bill with appropriate E&M code• Use ICD-10 diagnosis code Z03.818 for suspected exposure to COVID-19, or• Use ICD-10 diagnosis code Z20.828 for exposure to confirmed case of COVID-19.

Telehealth	Place of Service: 02,11	Options include using one of the following: <ul style="list-style-type: none"> • Bill with normal place of service and virtual use codes • Bill with telehealth modifiers • Bill with 02 place of service
	Modifiers: GT, GQ, G0, 95	Modifiers can be used to define telehealth services if place of service 02 is not used.
	Standard Virtual Use Codes or Revenue Code 780	Bill with normal place of service. Modifiers are optional.
	CPT Codes: 99441-99443	For all Medicare Advantage plans, follow CMS rules. Which require audio-only telehealth visits to be billed using audio-only codes.
COVID-19 Laboratory Testing	Virus Detection Tests: HCPCs/CPT: U0001, U0002, U0003, U0004 or 87635	In order to bill these codes, the laboratory must use a test that is developed and administered in accordance with the specifications outlined by the U.S. Food and Drug Administration (FDA) or through state regulatory approval. In addition: <ul style="list-style-type: none"> • U0001, U0002 or 87635: Laboratories must have a valid CLIA ID • U0003 and U0004: Laboratories must have a valid CLIA ID as well as CLIA Accreditation, Compliance or Registration certification level.
	Antibody Tests: CPTs: 86328 or 86769	FDA-authorized tests include FDA-approved tests, and tests used in an office or lab that are developed and administered in accordance with FDA specifications or through state regulatory approval.

COVID-19 Treatment

Service	Code(s) to Bill	Additional Information
COVID-19 Treatment	Place of Service: 02, 11, 15, 19, 20, 21, 22, 23, 31, 32, 41, 61, 81	Self-insured customer benefit plan designs vary based on client intent.
		Modifiers are not required unless used to signify telehealth.
	ICD-10 Code: B97.29 or U07.1	COVID-19 diagnosis codes need to be billed in order for the cost share waiver to be applied.
	Revenue Code: 760 and 762	Cost share will be waived (self-insured customer benefit plan designs vary).

Non-COVID-19 Telehealth Coverage

Service	Code(s) to Bill	Additional Information
Telehealth	Place of Service: 02 Any with modifier	Options include using one of the following: <ul style="list-style-type: none"> • Bill with normal place of service and virtual use codes • Bill with normal place of service and telehealth modifiers • Bill with 02 place of service if applicable
	Modifiers: GT, GQ, G0, 95	Modifiers can be used to determine telehealth service if place of service 02 is not used.
	Standard Virtual Use Codes or Revenue Code 780	Bill with normal place of service. Modifiers are optional if virtual use codes are present.
	ICD-10 Code: Any	Waive cost share for in-network providers for a non-COVID-19 diagnosis (self-insured customer benefit plan designs vary).
	CPT Codes: 99441-99443	For all Medicare Advantage plans, follow CMS rules. Which require audio-only telehealth visits to be billed using audio-only codes.
Expanded Telehealth Coverage	Office Visit	Options include using one of the following: <ul style="list-style-type: none"> • Bill with normal place of service and virtual use codes • Bill with normal place of service and telehealth modifiers • Bill with 02 place of service if applicable <i>*PT/OT/ST services requires interactive audio-visual technology</i>
	Physical Therapy	
	Occupational Therapy	
	Speech Therapy	
	Behavioral Health and Substance Use Disorder Treatment/Therapies	
	Applied Behavioral Analysis (ABA)	
	Pediatric Well Visit	
	Home Health/Hospice	