Billing Guidance

COVID-19 Evaluations, Specimen Collection and Testing

Revised January 1, 2022

To streamline claim adjudication for COVID-19 services, Independent Health is providing the following billing guidance to clearly define services related to COVID-19 Evaluations and Testing.

As additional codes are released or updated to respond to industry need, we will update this guidance, so please check back frequently for updates.

COVID-19 Lab Testing Policy

Independent Health has published the ***COVID-19 Lab Testing Policy*** effective September 1, 2020 on the secure Provider Portal. Independent Health covers COVID-19 testing with no cost-sharing when a healthcare provider decides that testing is medically appropriate for the purpose of diagnosing or treating the individual. However, based on federal guidance, Independent Health does not cover COVID-19 testing when it is to screen for general workplace health and safety (such as employee "return to work" programs), for public health surveillance, or for any other purpose not intended to diagnose or treat an individual. Our policy is consistent with other plans throughout New York State and across the country.

Services related to non-covered testing must be submitted to Independent Health with diagnosis code **Z02.9**, "Encounter for administrative examinations" in the primary position. Please review the policy for additional information. The diagnosis requirement is applicable to all scenarios outlined in this document. *Please refer to our special Provider COVID-19 Frequently Asked Questions for more information on testing, including the section on Facilities and Labs.*

Modifier CS

Independent Health utilizes the **CS Modifier** to indicate that an evaluation and management (E/M) code is related to COVID-19 testing for all providers, including facilities. This modifier will be used to determine member liability waivers in accordance with State and Federal Regulations. Failure to report this modifier in accordance with guidance below may result in a claim triggering a member liability which otherwise would not be applied. Other services conducted at the visit may result in applicable member liability.

Modifier CS - Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test

Modifier CS should be applied to certain evaluation and management codes related to Covid-19 testing when furnished in person or via telehealth modalities. Modifier CS is appended when the visit results in an order for or administration of a Covid-19 test; are related to furnishing/administering a Covid-19 test or to evaluate the member to determine the need for a Covid-19 test. This is applicable to all lines of business. Member liability is currently waived for Commercial, Medicare Advantage, and State Programs. Self-Funded and Nova Plans will vary by employer group. Below are the categories of evaluation and management codes where the CS modifier may be applied:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

With some cost share waivers ending for telehealth services, the proper use of Modifier CS is vital to ensuring proper claim processing against remaining waivers and regulations.

Please reference the *Telehealth coverage grid* for additional information on telehealth specific services and criteria.

Note, when a specimen collection is performed during a more comprehensive evaluation and management service there is no additional reimbursement for the collection service.

Specimen Collections

Provider Office

Within a physician's office, when assessment of symptoms and specimen collection is the **only** service performed by the clinical staff and incident to the physician, CPT® code 99211 is billable for the service. This code is billable for both new and established patients and must be submitted with modifier **CS** to attest the claim is for COVID-19 specimen collection.

In the event a blood draw is the only service performed in-office to send a sample for serology testing, modifier **CS** would also be applicable.

EXCEPTION: Effective March 1, 2021, State Product claims for active virus specimen collection may be billed with code G2023.

G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source.

In accordance with New York State Guidance, this code is billable when the specimen collection is the **only** service rendered at the encounter. G2023 will not be reimbursed to the provider if billed with any other primary procedures or laboratory tests on the same date of service.

Laboratory

Effective March 1, 2020, there are two new HCPCS Codes billable by laboratories to describe active virus specimen collections.

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.

These codes are billable by laboratories, and are reimbursable for Commercial, Medicare Advantage and Self-Funded members only. In accordance with New York State Guidance, these codes are not billable in addition to the laboratory test.

For antibody testing, the appropriate blood draw code is billable for all lines of business and will be reimbursed in accordance with your current provider agreement. **Modifier CS** should be appended to the blood collection service when performed to run a COVID-19 antibody test.

Hospital Outpatient Department

There are two new HCPCS Codes applicable to hospital outpatient departments to describe active virus specimen collections and are billable in accordance with the guidelines below.

Effective March 1, 2020, Commercial, Medicare Advantage, and Self-Funded claims for active virus specimen collection may be billed with code C9803. This code is conditionally packaged and will only be reimbursed when billed without another primary covered outpatient service or with a clinical diagnostic laboratory test that is assigned a status indicator of "A" in Addendum B of the OPPS.

C9803 - Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]), any specimen source.

Effective May 22, 2020, State Product claims for active virus specimen collection may be billed with code G2023.

G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source.

In accordance with New York State Guidance, this code is billable when the specimen collection is the **only** service rendered at the encounter. G2023 will not be reimbursed to hospital outpatient departments if billed with any other primary procedures or laboratory tests on the same date of service.

For antibody testing, the appropriate blood draw code is billable for all lines of business and will be reimbursed in accordance with your current provider agreement. **Modifier CS** should be appended to the collection service when performed to run a COVID-19 antibody test.