

Serology/Antibody Testing - Health Plan Policies – As of 6/11/20

BCBS of MN: Per the COVID-19 FAQ Updated 05-28-20

Q. What code should be used to bill for the COVID-19 antibody test?

A. Codes 86328 and 86769 have been developed for the COVID-19 antibody tests and are effective for date of service 4/10/2020.
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 testing using multiple-step method; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Q. How will the new COVID-19 antibody test codes be reimbursed on a professional claim (837P)?

A. Blue Cross has updated the standard non-RVU fee schedule for COVID-19 antibody testing as follows in accordance with the member's benefit plan for all lines of business:

- CPT 86328: \$45.23 – effective 4/10/2020 dates of service
- CPT 86769: \$42.13 – effective 4/10/2020 dates of service

These reimbursement rates are based upon rates that were recently released by the Centers for Medicare and Medicaid Services for COVID-19 testing and established by the local Medicare Administrative Contractor (MAC).

Q. Do laboratory tests for COVID-19 assess member cost share?

A. Member cost share (co-pay, coinsurance, and deductible) is waived for eligible COVID-19 lab testing (U0001, U0002, U0003, U0004, and 87365) for Medicare, Minnesota Health Care Programs, and fully insured Commercial lines of business.

Q. Will Blue Cross waive member cost share for COVID-19 antibody testing?

A. Yes, Blue Cross will cover FDA-approved antibody testing ordered by an attending practitioner with no member cost share.

Q. How long will member cost share be waived?

A. Blue Cross will waive member cost share through the end of the National Health Emergency related to COVID-19, unless a date is specifically communicated for a specific benefit.

Q. What labs should providers refer labs to?

A. Providers are required to use FDA approved labs and should refer to a participating lab whenever possible.

DHS – Medicaid: Per the COVID-19 Chapter of MHCP Provider Manual – Updated 06-03-20

COVID-19 Testing for Uninsured under New MA Group

The Minnesota Legislature authorized a new Medical Assistance (MA) coverage group for those who are uninsured to cover testing and diagnosis of COVID-19. This change eliminates the financial barriers that might prevent someone who needs testing for COVID-19 from seeking care, increasing public health risks.

The new coverage group is effective May 1, 2020, and ends when the COVID-19 peacetime emergency ends.

MA coverage for COVID-19 testing covers only testing and services related to diagnosis of COVID-19. This includes coverage for the COVID-19 test, serological tests and the office visit during which the test was given. MA coverage for COVID-19 testing does not include services for the treatment of COVID-19. There are no copays or deductibles for COVID-19 testing and the evaluation. A person can have more than one COVID-19 test covered while they are enrolled in this program.

To be eligible for coverage, a person must be uninsured, must be a U.S. citizen, U.S. national or in a Medicaid qualifying immigration status. No requirements for age, income or assets apply for coverage of COVID-19 testing. Access to other health insurance is not a barrier to MA coverage for COVID-19 testing, as long as the person is not actually enrolled in the other health insurance.

Fee-for-service providers:

- Give the [Application for Limited MA Coverage for COVID-19 Testing \(DHS-7310\) \(PDF\)](#) to all uninsured patients to complete.
- Administer the COVID-19 testing and evaluation.
- Ensure the patient has completed all information necessary.
- Complete the provider portion of the application and submit the application to the Department of Human Services (DHS). DHS staff will determine eligibility.
- Verify eligibility and submit the claim(s) to DHS for processing.

Information on eligibility status will be available in the Eligibility Verification System (EVS) within 10 days of submission of the application.

Uninsured individuals are always encouraged to complete the appropriate Minnesota Health Care Programs (MHCP) application. Any other MHCP program for which they become eligible will override the COVID-19 limited MA benefits.

HealthPartners: Per online COVID-19 Resources and FAQ Updated 05-19-20

COVID-19 Diagnostic Testing and Specimen Collection Reimbursement

Unless specifically agreed otherwise, HealthPartners reimbursement rates for contracted and non-contracted providers, facilities and reference labs are based upon the Centers for Medicare and Medicaid Services (“CMS”) rates for COVID-19 testing. As new codes are developed by CMS, HealthPartners will add those codes and the associated rates to its fee schedule(s). The current reimbursement rates are follows*:

Code	Rate
U0001	\$35.91
U0002	\$51.31
U0003	\$100.00
U0004	\$100.00
87635	\$51.31
86318	TBD**
86328	TBD**
86769	TBD**
G2023	\$23.46*
G2024	\$25.46*
C9803	\$22.98*

* Inclusion of the rates in the table above does not guarantee payment which is determined by the applicable certificate of coverage and your Agreement with HEALTHPARTNERS, INC.

* COVID-19 diagnostic testing codes and specimen collection codes are included in the reimbursement rates for inpatient services and will not be paid in addition to the DRG, per diem, or case rate payment.

** To be determined once CMS releases its rate.

*** HCPCs G2023 & G2024 are specimen collection codes.

****HCPC Code C9803 is a specimen collection code used in the hospital outpatient setting

24. Will HPI waive all member liability for COVID-19 related care? If so, for which members does it apply?

Yes, HealthPartners will waive member liability for services provided to members for COVID-19 related care. Our members will not be subject to member liability for this care. This includes any office visits, ED visits or urgent care visits that include an associated COVID-19 test as well as any hospital stays for which the primary diagnosis provided is COVID-19.

This member liability waiver will apply to all fully insured business and all government products for which HealthPartners is the primary payer. We are also working directly with our self-insured employer groups to provide them with the option of allowing this waiver for their employees and dependents as well.

The waiver will be applied at the health plan and providers should continue to submit claims for adjudication by HealthPartners. The waiver is applied as part of the adjudication process.

HealthPartners waives cost-sharing.

HealthPartners, will waive member cost-sharing for all fully insured commercial, Medicare and Medicaid members for in network COVID-19 related treatment through May 31, 2020. We are actively working with our self-insured clients to make this option available for their employees and dependents.

- Waiving early medication refill limits on 30-day prescription authorizations and encouraging 90-day mail order benefits
- Allowing retail pharmacists at point of sale to override claim that is rejecting for 'refill too soon'
- Removing prior authorization for COVID-19 diagnostic service
- Coverage of medically necessary tests
- Providing coverage for online care eligible to all HealthPartners members
- Expanding access to telehealth

Medica: Per the COVID FAQ Updated 06-05-20

Is Medica covering antibody tests for patients? (New 6/5/20)

Yes, Medica is waiving member cost-sharing for FDA-approved antibody tests for all Medica members, as long as tests are ordered by a medical professional and medically necessary. Our coverage for the antibody test applies both in-network and out-of-network, and will extend to office visits and other charges related to the antibody test when performed at in-network locations for a suspected COVID-19 diagnosis. This new coverage runs at least through July 31, 2020, dates of service. Refer to the COVID-19 Testing policy for full details, including criteria and billing for this test.

PreferredOne: Per the COVID-19 Testing and Provider Visit Coverage Policy Updated 06-08-20, the FAQ Updated 05-11-20 and the Employer COVID-19 FAQ

POLICY:

PreferredOne waives cost sharing for:

- Centers for Disease Control (CDC) recommended and FDA-approved testing for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, when ordered by a provider and performed at approved locations in accordance with the CDC guidelines; and
- The related office, urgent care, emergency room or telehealth visit which resulted in COVID-19 testing, but only to the extent that such visit is related to the evaluation for and administration of COVID-19 testing; and
- Additional items or services furnished to the member during a visit that results in an order for, or administration of, a COVID-19 test, but only to the extent that the item or service relates to the furnishing or administration of the test or to the evaluation of the member for purposes of determining the need of the member for the product. Examples include testing such as CBC, influenza or strep testing.

COVERAGE:

Coverage is limited to one COVID-19 diagnostic test (MDH two sample approach is considered one test), one COVID-19 serology (antibody) test and one office, urgent care, emergency room or telehealth visit that is associated with the covered test.

Does PreferredOne have recommendations for reporting, testing and specimen collection?

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Will PreferredOne cover the cost related to COVID-19 testing and care?

PreferredOne will cover reasonable member health care costs related to COVID-19. PreferredOne recently announced its efforts to eliminate the burden of additional costs for members in its health plans by providing coverage of the coronavirus screening test at no out-of-pocket-cost.

Does PreferredOne require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

Q: Is the new antibody testing for COVID-19 covered under our plan?

A: Antibody testing for COVID-19 exposure is extremely new. At this time, it is recommended that providers limit antibody testing for COVID-19 to healthcare workers and high-risk populations, given potential capacity issues in testing the entire population. When appropriate, PreferredOne will cover the antibody test at 100%, the same as traditional COVID-19 testing.

UCare: Per the online COVID-19 Billing and Payment resource Updated 06-01-20

COVID-19 Test and Treatment

- UCare will cover copays, coinsurance or deductibles for provider-ordered COVID-19 tests meeting Centers for Disease Control and Prevention (CDC) guidelines for members in all our plans, for the immediate future.
- During this time, we will cover copays, coinsurance or deductibles for medically necessary clinic and urgent care visits when a COVID-19 test is administered for members in all of our plans.
- UCare will waive coinsurance, copays and deductibles for in-network hospital services to treat COVID-19 through September 30, 2020, for members in all of our plans. The waiver applies when COVID-19 treatment is provided to a member while the member is hospitalized as an inpatient. If a member goes to the emergency department for treatment, and is not admitted as an inpatient, cost sharing will apply according to the terms of the member's EOC / member contract for services provided in the emergency department.

CPT/HCPCS Codes for COVID-19 Testing

The following codes should be used when billing for COVID-19 testing, antibody testing, and specimen collection:

- 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.
- 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 SNF or by a laboratory on behalf of a HHA, any specimen source
- C9803 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- 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
- 86318 - Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip)
- 86328 - Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., 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])

*Effective with dates of service on or after March 20, 2020, HCPCS codes U0002 and 87635 must have the –QW modifier appended in order for them to be recognized as a test that can be performed in a facility having a CLIA certificate of waiver.

Pricing

Refer to your UCare Provider Contract for specific information regarding fee schedules and pricing.

We are working rapidly to finalize our system edits to recognize changes and modifications in the payment of claims. Claims currently submitted may process based on historic claims processing guidelines until system updates are in place. We will work with our providers to correct any inaccurate payments. We appreciate your patience during this challenging time.

United Healthcare: Per website: <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-testing.html>

Cost Share Covered for COVID-19 Antibody Testing

During the national public health emergency period, UnitedHealthcare will cover FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, coinsurance or deductible). This coverage applies to members enrolled in Medicare Advantage, Medicaid, and Individual and Group Market health plans. Benefits will be otherwise adjudicated in accordance with the member's health plan.

An antibody test may determine if a person has been exposed to COVID-19, while a COVID-19 diagnostic test determines if a person is currently infected. FDA-authorized tests include tests approved for patient use through premarket approval or emergency use pathways, and tests that are developed and administered in accordance with FDA specifications or through state regulatory approval. According to the FDA, an antibody test should not be used to diagnose a current infection. Virus detection should be used to diagnose a current infection. UnitedHealthcare strongly supports the need for reliable testing and encourages health care providers to use reliable [FDA-approved tests.Opens in a new window](#)

Test Registration Requested

UnitedHealthcare is requesting all physicians and health care professionals who perform and bill for COVID-19 antibody tests to register the test(s) that will be used for our members. This includes both hospital-affiliated and freestanding laboratories, as well as physician practices with in-house laboratories. The registration takes just a few minutes to complete. You will need to complete it for each specific test you offer. (For example, if you have two different tests that are offered to physicians/patients, you'll need to complete the registration twice.) If you change the test(s) you use in the coming months, you'll need to complete the survey again. Please complete the [COVID-19 Antibody Test RegistrationOpens in a new window](#) as soon as possible. To complete the test registration, you'll need:

- The laboratory tax ID number (TIN)
- The type of antibody test rendered

In the coming weeks, UnitedHealthcare will use the registration information to assist providers in choosing tests that are FDA-authorized and to better understand the clinical reliability of the tests being used.

The national public health emergency, as renewed, will end on July 24, 2020. COVID-19 testing is rapidly evolving and UnitedHealthcare will continue to provide updates as they become available. Be sure to check back often for the latest information.

Use the following codes for antibody detection for COVID-19 for dates of service on or after April 10, 2020:

- 86328 – Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., 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])