Temporary COVID-19 Testing and Treatment Services Payment Policy

Policy Statement

This temporary policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood) coverage and reimbursement requirements for specific services related to the COVID-19 pandemic.

Scope

This policy applies to following lines of business:

☒**Medicaid**

☒**INTEGRITY**

☒**Commercial**

Extended Family Planning (EFP) members have a limited benefit package. Please refer the Extended Family Planning Payment Policy for coverage information.

This policy applies to laboratory diagnostic testing and the related outpatient visit for COVID-19 for those members that meet the United States Centers for Disease Control and Prevention (CDC) guidelines for testing.

This policy applies to inpatient and outpatient services required for treatment of members diagnosed with COVID-19.

Neighborhood reserves the right to implement, modify, and terminate this temporary policy without the contractual sixty day notification that is normally required under Neighborhood contracts with its providers. Notification of implementation, modification, or termination of this policy will be communicated to providers via notice on Neighborhood's COVID-19 Provider Guidance website.

Coverage Requirements

The coverage guidance in this policy apply to testing and treatment services conducted throughout the duration of the Rhode Island COVID-19 State of Emergency.

Presently there are three types of COVID-19 tests:

- Nucleic Acid Amplification tests (frequently called PCR (Polymerase Chain Reaction) tests) look for the presence of the unique RNA of COVID-19 virus.
- Antigen tests look for a unique part of COVID-19 virus, such as a specific protein on one of the unique COVID-19 spikes.
- Antibody tests (also known as serology tests) look for presence of antibodies in a patient's immune system that recognize and may fight off the COVID-19 virus.

Antibody Testing

Antibody testing is covered as outlined in this policy.

PCR and Antigen Testing

PCR and Antigen testing and the administration of such tests where an ordering provider has determined the test is medically appropriate for an individual in accordance with accepted standards of medical practice, inclusive of guidance issued by the Rhode Island Department of Health are covered as outlined below:

Symptomatic Testing:
All symptomatic individuals, as identified by a healthcare provider, even those with mild signs or symptoms consistent with COVID-19. Symptoms of COVID-19 include but are not limited to:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Lowered oxygen saturation
- Fatigue
- Muscle or body aches/myalgia
- Headache
- New loss of taste or smell

- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Rash
- Inflammatory conditions such as "COVID toes"
- Thromboembolic events
- Trouble breathing
- Bluish lips or face
- Persistent pain or pressure in the chest
- New confusion or other alterations in mental status
- Alterations in blood glucose control
- Inability to wake or stay awake
- Children with multisystem inflammatory syndrome

Asymptomatic Testing:

- **Close Contact Testing** All individuals identified as a close contact of a confirmed or clinically diagnosed COVID-19 case by a state department of health, a state-run contact tracing program, or a healthcare provider.

  Close contact is defined as: Being within less than 6 feet of a COVID-19 case. Close contact can occur while caring for, living with, visiting, or otherwise sharing a space (e.g., healthcare waiting area, restaurant, workspace) with a confirmed or clinically diagnosed COVID-19 case while the case was symptomatic or within the 48 hours before symptom onset (or, for asymptomatic patients, 2 days prior to positive specimen collection); Having direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed on) while not being appropriately attired in recommended personal protective equipment (e.g., gown, gloves, N95 facemask, eye protection); As otherwise determined or defined by the Rhode Island Department of Health.

- **Testing of individuals with recent known or suspected exposure to COVID-19** where the ordering provider has determined the test is medically appropriate for the individual beneficiary in accordance with current accepted standards of medical practice, inclusive of

guidance issued by the Rhode Island Department of Health. "Suspected exposure to COVID-19" is not limited to exposure to an identifiable individual suspected of having COVID-19 but may encompass circumstances, the totality of which, cause an ordering provider, in accordance with current accepted standards of medical practice, inclusive of guidance issued by the Rhode Island Department of Health, to suspect an individual was recently at reasonable risk of having been exposed to COVID-19.

- **Testing to determine resolution of COVID-19 infection** where the ordering provider has determined the test is medically appropriate for the individual beneficiary in accordance with current accepted standards of medical practice, inclusive of guidance issued by the Rhode Island Department of Health.

- **Testing upon or prior to admission** to a Rhode Island healthcare facility.

- **Testing prior to undergoing a medical procedure**, where the ordering provider has determined the test is medically appropriate for the individual beneficiary in accordance with current accepted standards of medical practice, inclusive of guidance issued by the Rhode Island Department of Health.

Non-Traditional Testing Scenarios (Asymptomatic or Symptomatic) Whereby A Test Is Determined to Be Medically Appropriate By A Provider.

Certain entities operating within the state of Rhode Island, such as laboratories or testing sites, may employ one or both of the following non-traditional methods for a licensed healthcare provider working within the scope of their license to determine the medical appropriateness of a COVID-19 test for an individual and order a test when deemed appropriate. These include the following scenarios:

- A licensed healthcare provider who reviews an individual's written or electronic responses to a survey about that individual's demographics (medical conditions, age, etc.), symptoms and/or contacts and makes an individualized determination that a COVID-19 diagnostic test would be appropriate for that individual (i.e. makes the determination based on individualized clinical information but without a face-to-face or real-time audio or audio-visual encounter with the individual).
- A diagnostic survey that an individual completes electronically by answering individualized questions about their demographics, symptoms and/or reason for wanting to test, which responses are then run through an algorithm, developed and approved by a licensed healthcare

provider and the Rhode Island Department of Health, that determines whether a COVID-19 diagnostic test is medically appropriate for that individual.

Testing That May Serve or Give the Appearance of Serving a Dual Purpose

Situations may arise where a COVID-19 diagnostic test, or a series of COVID-19 diagnostic tests, ordered for an individual by a provider who has determined the test is medically appropriate for that individual may also serve or give the appearance of serving a secondary purpose, such as meeting a workplace health and safety requirement or recommendation. In any such situation the test's primary purpose is considered to be the individualized diagnosis or treatment of COVID-19 or another health condition and coverage for the test and administration will be covered as outlined in this policy.

Claim Submission

Due to the delayed effective date of April 1, 2020 for the new ICD-10-CM code (U07.1: 2019-nCoV acute respiratory disease) for COVID-19, the National Center for Health Statistics (NCHS) has developed interim coding advice in supplement to the ICD-10-CM Official Coding Guidelines:

TREATMENT & TESTING DIAGNOSIS CODES FOR COVID-19:

Claims for **CONFIRMED** cases related to COVID-19 for **dates of service prior to April 1, 2020** must be billed with the following ICD-10-CM codes as applicable:

- **Pneumonia due to COVID-19**: J12.89 (Other viral pneumonia) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Acute bronchitis due to COVID-19**: J20.8 (Acute bronchitis due to other specified organisms) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Bronchitis not otherwise specified (NOS) due to COVID-19**: J40 (Bronchitis, not specified as acute or chronic) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Lower respiratory infection NOS or acute respiratory infection NOS due to COVID19:** J22 (Unspecified acute lower respiratory infection) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- **Respiratory infection NOS due to COVID-19:** J98.8 (Other specified respiratory disorders) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

- **Acute respiratory distress syndrome (ARDS) due to COVID-19:** J80 (Acute respiratory distress syndrome) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Claims for **CONFIRMED** cases related to COVID-19 for **dates of service April 1, 2020 and after** must be billed as follows:

- **Professional Claims**
  - ICD 10 CM code U07.1 (2019-nCoV acute respiratory disease) in the primary diagnosis field.
  - Modifier "CR" (Catastrophe/disaster related)
- **Facility Claims**
  - ICD 10 CM code U07.1 (2019-nCoV acute respiratory disease) in the primary diagnosis field.

Claims for **UNCONFIRMED** cases related to COVID-19must be billed as follows:

- Claims for possible exposure to COVID-19 that is ruled out after evaluation should be billed with the following ICD-10-CM code**:**
  - Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)

- Claims for exposure to someone with a confirmed case of COVID-19 should be billed with the following ICD-10-CM code:
  - Dates of service April 1, 2020 to December 31, 2020:
    - Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases)
  - Dates of service January 1, 2020 and after:
    - Z20.822 (Contact with and (suspected) exposure to COVID-19)

- Claims for asymptomatic members who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, should be billed with the following ICD-10-CM code:
  - Z11.59 (Encounter for screening for other viral diseases)

- Claims for members presenting with symptoms of and being screened for COVID-19 and the test results are either unknown or negative should be billed with the following ICD-10-CM codes as applicable:
    - R05 (Cough)
    - R06.02 (Shortness of breath)
    - R50.9 (Fever, unspecified)
    - Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)
    - Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases) –Effective April 1, 2020 to December 31, 2020
    - Z20.822 (Contact with and (suspected) exposure to COVID-19)- Replaces Z20.828 Effective January 1, 2021

Modifier "CS" (Cost-sharing Waived) is accepted on claims for unconfirmed cases of COVID-19.

TESTING CPT/HCPCS CODES FOR COVID-19:

Claims for diagnostic laboratory testing for COVID-19 must be billed with one of the following CPT or HCPC codes:

PCR and Antigen Testing Codes:

- **0202U (effective 5/20/20)-** Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.

- **0223U (effective 6/25/20)-** Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

- **0225U (effective 8/10/20)-** Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected

- **0226U (effective 8/10/20)-** Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum

- **0240U (effective 10/6/20)-** Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected

- **0241U (effective 10/6/20)-** Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected

- **87635 (effective 3/13/20)-** Infectious agent detection by nucleic acid (DNA or RNA);severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), amplified probe technique

- **87636 (effective 10/6/20)-** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

- **87637 (effective 10/6/20)-** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

- **87426 (effective 6/25/20)-** 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, SARSCoV-2 [COVID-19])

- **87428 (effective 11/10/20)-** 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;

severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B

- **87811 (effective 10/6/20)-** 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])

- **C9803**- Hospital outpatient clinic specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(Coronavirus disease [COVID19]), any specimen source

- **G2023**- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARSC0V-2)(Coronavirus disease [COVID-19], any specimen source

- **G2024**- Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARSC0V-2)(Coronavirus disease [COVID-19] from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source

- **U0001**- CDC testing laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19)

- **U0002**- non-CDC testing laboratories to test for 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-202001-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.

- U0005 (effective 1/1/21)- 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 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2

Antibody Testing

- **0224U (effective 6/25/20)-** Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
- **86328 (effective 4/10/20)-** Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (eg, reagent strip; severe acute respiratory syndrome coronavirus2 (SARS-CoVID-19) (Coronavirus disease [COVID-19])
- **86408 (effective 8/10/20)**- Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
- **86409 (effective 8/10/20**)- Reporting SARS-CoV-2 neutralizing antibody titer.
- **86413 (effective 9/08/20)**- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- **86769 (effective 4/10/20)-** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Modifier "CS" (Cost-sharing Waived) is accepted on the above laboratory testing codes.

Prior authorization does not apply for diagnostic laboratory testing for COVID-19.

Communication of test results is considered standard practice and is not allowed as a separately billable service.

Specimen collection is considered part of testing and not separately reimbursable when billed on the same day by the same supplier as an E&M service or Laboratory Test.

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within 90 days of the date services are provided to members.

Member Cost Share Waiver

Date of service prior to July 21,2020:

- Neighborhood will waive all member cost share for Commercial plans for laboratory diagnostic testing and the related outpatient visit for COVID-19 and treatment for members diagnosed with COVID-19 as outlined in this policy, during the period of heightened concerns related to COVID19.

Providers should NOT collect cost share from a member in accordance with this policy.

Date of service July 21, 2020 and after:

- Neighborhood will waive all member cost share for Commercial plans throughout the duration of the Rhode Island COVID-19 State of Emergency for the following services:
    - PCR and Antigen laboratory diagnostic testing and the related outpatient visit for COVID-19
    - Treatment for members diagnosed with COVID-19

  Providers should NOT collect cost share from a member in accordance with this policy.

- Cost sharing will not be waived for Commercial plans for the following services:
    - Antibody laboratory diagnostic testing

Coding

The following CPT and HCPC codes may be covered for COVID-19 diagnosis and testing as outlined in this policy:

Procedure Code	Description
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), qualitative RTPCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected

0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip; severe acute respiratory syndrome coronavirus2 (SARS-CoVID-19) (Coronavirus disease [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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, SARSCoV-2 [COVID-19])
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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
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
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
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])
C9803	Hospital outpatient clinic specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(Coronavirus disease [COVID19]), any specimen source
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARSC0V2)(Coronavirus disease [COVID-19]. Any specimen source
G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(SARS-C0V-2)(Coronavirus disease [COVID-19] from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source
U0001	SARS-CoV-2/2019-nCoV (COVID-19) CDC laboratory testing. (Final description of code to be determined.)
U0002	SARS-CoV-2/2019-nCoV (COVID-19) non-CDC laboratory testing. (Final description of code to be determined.)
U0003	CDC testing laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19)
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.
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 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2

The following ICD-10 CM codes are covered for COVID-19 diagnosis, testing, and treatment as outlined in this policy:

ICD-10-CM Code	Description
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J12.89	Other viral pneumonia
J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
J40	Bronchitis, not specified as acute or chronic
J80	Acute respiratory distress syndrome
J98.8	Other specified respiratory disorders
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
U07.1	2019-nCoV acute respiratory disease
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z11.59	Encounter for screening for other viral diseases

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement. Claim payments are subject to the following, which include but are not limited to, Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

Neighborhood reserves the right to amend or rescind this temporary policy.

References:

https://www.3mhisinsideangle.com/blog-post/coding-for-covid-19/ https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-CodingGudanceInterimAdvicecoronavirusfeb202020.pdf

Document History

Date	Action
01/06/21	Update- Add new codes 87428 effective 11/10/20, U0005 and Z20.822 effective 01/01/21
10/15/20	Update- Add new codes 0240U, 0241UU, 87636, 87637, 87811 effective 10/6/20
09/30/20	Update- Add new code 86413 effective 09/08/20
09/02/20	Update- Cost Share language to include before and after 7/21/20.
08/17/20	Update- Add new codes 0225U, 0226U, 86408, 86409 effective 8/10/20. Add language from OHIC and EOHHS guidance regarding PCR and Antigen testing issued 7/21/20.
07/27/20	Update- Language regarding Implementation, Modification, Termination of policy added. Term date language removed.
07/13/20	Update- Add new codes 87426, 0223U, and 0224U effective 6/25/20
06/24/20	Update- Add Code 0202U
5/21/20	Update- Add code C9803
5/13/20	Update- Add language regarding "CS" modifier
04/22/20	Update- Added new lab codes.

03/31/20	Update- Added treatment services criteria, Prior Authorization language, and updated claim submission criteria, Added new CMS G-codes.
03/25/20	Update- ICD10 U07.1 effective 04/01/20
03/17/20	Update- CPT code 87635 effective 03/13/20
03/09/20	Policy Effective