

COVID-19 Lab Test Q&A

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New codes, additional reporting requirements, and other industry adjustments applying to lab testing due to the COVID-19 pandemic are summarized below.

Q: Are authorizations necessary to test COVID-19 samples?

No. The Families First Coronavirus Response Act prohibits pre-authorization requirements from applying to COVID-19 diagnostic tests and "other medical management requirements."

Q: Will patients owe anything out of pocket for COVID-19 testing?

The Families First Coronavirus Response Act also prohibits insurers from requiring patient cost-sharing for COVID-19 diagnostic tests. The CDC has suggested it might cover testing costs for uninsured patients, and some state and local governments have made similar statements, such as by seeking to expand Medicaid.

Q: Where can we collect specimens?

Specimens can be collected at the following locations for COVID-19 testing.

- **Patient's Residence:** CMS has announced it will allow healthcare professionals to visit Medicare beneficiaries' residences, including nursing homes and skilled nursing facilities, to collect specimens. If the patient is already receiving healthcare services at home, a nurse can collect a specimen during any visit that would be covered otherwise and send the specimen to a lab for testing. If the patient is not receiving home health, a lab technician can go to the patient's residence and collect the specimen. Medicare reimbursement will include travel and specimen collection. More info from CMS is available [here](#). Other payer policies may vary.
- **Drive-Through or Tent Testing Site:** Specimens can continue to be collected in a drive-through or tent facility. If the drive-through or tent is in the parking lot of a facility that otherwise provides healthcare such as a hospital or walk-in clinic, the place of service should match that facility, according to the American Medical Association. The AMA has also issued guidance that place of service code 15, Mobile Unit, should be used when a drive-through or tent testing site is not in the parking lot of such a facility. However, payer policies may vary.
- **Other Service Settings:** Specimens can continue to be collected in an office or other traditional healthcare settings and billed using the appropriate place of service code.

Q: What codes are appropriate for specimen collection and testing?

Individual payer policies may vary, but the following codes generally are appropriate.

• **CPTs:**

- 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
- 99000, Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
- 99001, Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
- 99211, Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician
- *NOTE*– The American Medical Association has issued guidance on several COVID-19 coding scenarios ([click here](#)), including that specimen collection for a new patient during an office visit would be included in the E&M code billed for the office visit.

• **HCPCS:**

- U0001 should be used to bill for the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
- U0002 should be used to bill for any other COVID-19 diagnostic test
- *NOTE*– HCPCS U0001 and U0002 took effect April 1, 2020, and CMS indicated they are retroactive to February 4, 2020. Other payer policies may vary.

Q: Do we have to bill modifier CR or condition code DR?

It could vary by payer. Some are requiring CR, Catastrophe/Disaster-Related, and/or condition code DR, Disaster-Related.

Q: Does billing change if we are doing drive-through testing?

It could vary by payer. For example, BlueCross BlueShield of Tennessee has published guidance that specimen collection at a drive-through site should be billed with the testing code and that place of service code 99, Other, should be used.

Q: Can we test samples in our lab's parking lot?

CMS has stated that a parking lot is an acceptable overflow site for testing if the facility otherwise meets Clinical Laboratory Improvement Amendments standards. More info is available from CMS [here](#). For more information on reference lab billing and CLIA in general, see [Understanding Medicare Billing Requirements for Reference Labs](#) ([click here](#)).

Q: Is there any extra reporting labs must do related to COVID-19?

Yes, Vice President Mike Pence has announced that COVID-19 test results must be submitted to the U.S. Department of Health and Human Services. Hospitals conducting lab testing in-house are responsible for reporting their own data. Hospitals who outsource lab testing to LabCorp, BioReference Laboratories, Quest Diagnostics, Mayo Clinic Laboratories, and/or ARUP Laboratories do not need to submit data; those laboratories will be submitting data to HHS. Hospitals outsourcing lab testing to other facilities must submit data to HHS. Deadlines, submission guidelines, and a reporting template can be found [here](#).

Q: What are the reimbursement rates for COVID-19 testing?

Medicare Administrative Contractors set reimbursement rates locally for the new HCPCS test codes, but they vary only by pennies across jurisdictions. Reimbursement for U0001 is either \$35.91 or \$35.92, depending on jurisdiction, and reimbursement for U0002 is either \$51.31 or \$51.33. Each jurisdiction's specific rates can be found [here](#). Other payer policies may vary.

Q: How should results be shared with patients?

Generally, results should be shared back to the physician who ordered the test, and they will inform the patient, similar to other testing.

COVID-19 is an ongoing situation and organizations' processes are changing daily to adapt to various needs during this crisis. As such, this information is up-to-date as of March 31, 2020. HBI is continually monitoring the situation and updating material as we gather additional information. While HBI has attempted to ensure the accuracy of research provided in this document, the information has been obtained from numerous resources. Therefore, HBI cannot guarantee its accuracy and is not liable for any claims or losses that arise from errors or omissions within this document.