

COVID-19 TESTING, TREATMENT & VACCINE CODING

COVID-19 TESTING AND RELATED SERVICES

Harvard Pilgrim is waiving member cost share (i.e., no copayments, deductibles, or coinsurance) for viral and antibody testing until further notice for commercial and Medicare Advantage members in all states.

Services	CPT/ICD10 Coding	Comments
Services Related to COVID-19 Test	ICD10 Diagnosis Codes: Z03.818, Z11.52, Z11.59, Z20.822, Z20.828	To ensure that cost sharing is waived for testing-related services, it's important to bill these services with diagnosis codes Z20.822 or Z20.828 .
	Place of Service: (including but not limited to) (11) Office (15) Mobile Unit (17) Walk-in Retail Health Clinic (19) Off Campus-Outpatient Hospital (20) Urgent care (21) Inpatient Hospital (22) On Campus-Outpatient Hospital (23) Emergency room (31) Skilled Nursing Facility (32) Nursing Facility	Bill with appropriate Testing-Related Service: <ul style="list-style-type: none"> Use ICD-10 code Z20.822 — or Z20.828 prior to 1/1/21 — for contact with and (suspected) exposure to COVID-19 Use ICD-10 diagnosis code Z11.52 — or Z11.59 prior to 1/1/21 — for COVID-19 testing for asymptomatic patients prior to inpatient admissions, planned outpatient procedures and immunosuppressant therapies (cost-share will not be waived) For claims billed with code Z03.818 for suspected exposure to COVID-19 (when COVID-19 is ruled out), cost-share will not be waived effective for dates of service on or after 9/30/21
Specimen Collection	Procedure Codes: G2023, G2024	Cost-share will be waived for COVID-19 specific specimen collection. <ul style="list-style-type: none"> Effective 9/1/22, used only by independent clinical laboratories when the provider is NOT running the test. For appropriate reimbursement, including waiver of cost-sharing, codes G2023 or G2024 must be billed with modifier CR or CS, or condition code DR
	C9803	<ul style="list-style-type: none"> Used when COVID-19 specimen collection occurs during a hospital outpatient clinic visit and only when the provider is NOT running the test. For appropriate reimbursement, including waiver of cost-sharing, code C9803 must be billed with modifier CR or CS, or condition code DR

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	99211	<ul style="list-style-type: none"> Used when a specimen collection is obtained in the physician office and only when the provider is NOT running the test. When performed in conjunction with an evaluation and management (E/M) service it is considered a component of the E/M and will not be separately reimbursed. For appropriate reimbursement, including waiver of cost-sharing, code 99211 must be billed with modifier CR or CS.
Office Visit or Diagnostic Test related to a COVID19 Assessment	Procedure Codes: <ul style="list-style-type: none"> Standard E&M Codes Diagnostic tests e.g., Xray, CT, ECG, Spirometry 99072 is not separately reimbursed 	Office visits and diagnostic tests must be billed with one of the Molecular or Antigen tests listed below under COVID-19 Testing, as well as one of the following diagnosis codes: <ul style="list-style-type: none"> Z20.822 — or Z20.828 prior to 1/1/21 — for contact with and (suspected) exposure to COVID-19
COVID-19 Testing	MOLECULAR TESTS CPT/HCPCS Codes: U0001, U0002, U0003, U0004, U0005, 0202U, 0223U, 0225U, 0240U, 0241U, 87635, 87636, 87637, D0606	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 must be billed with a valid CLIA ID U0003 and U0004 must be billed with a valid CLIA ID, as well as, CLIA Accreditation, Compliance or Registration certification level D code is for use by Dental providers
	ANTIBODY TESTS CPT/HCPCS Codes: 86328, 86408, 86409, 86413, 86769, 0224U, 0226U	FDA-authorized antibody testing for COVID-19 is covered only when it has been determined medically necessary by a provider who has performed an individualized clinical assessment to make decisions about a member's care in accordance with current CDC and state public health department guidelines, which are being continuously updated. (Eff. for dates of service beginning 2/22/2021 for commercial members; prior to 2/22/2021 claims will deny as not a covered benefit.)
	ANTIGEN TESTS CPT/HCPCS Codes: 87426, 87428, 87811, D0604	Use code 87426, 87428 or 87811 for infectious agent antigen detection by immunoassay technique. D code is for use by dental providers.

COVID-19 TREATMENT

- State and federal mandates, as well as self-insured customer benefit plan designs, may supersede the guidelines listed below.
- Effective for dates of service on or after Aug. 7, 2021, Harvard Pilgrim will resume cost share for COVID-19 treatment for members of our Medicare Advantage plans and for members of our Maine, New Hampshire, and Connecticut commercial, Medicare Supplement, and Medicare Enhance plans products.

Services	CPT/ICD10 Coding	Comments
COVID-19 Treatment	Inpatient Claims ICD-10 Code: U07.1 (COVID-19 diagnosis code)	Member cost share may be waived ONLY if COVID-19 diagnosis code U07.1 is billed, in any position*
	Outpatient Facility and Professional Claims Revenue Codes: (including but not limited to) 042x 043x 045x 051x 0540 076x 0780	Member cost sharing may be waived* if any of the following codes are used: <ul style="list-style-type: none"> • COVID-19 diagnosis code U07.1 or Z20.822 billed in any position • For professional claims, when one of the codes noted above is billed, member cost-sharing is waived for only the service lines related to the COVID-19 testing/treatment. • J12.82, M35.81, M35.89 – In accordance with Massachusetts Division of Insurance Bulletin 2021-08 [mass.gov] for members of Massachusetts commercial plans
	HCPCS Codes: J0248 M0243 Q0243 Q0244 M0244 M0245 Q0245 M0246 Q0247 M0247 M0248 Q0249 M0249 M0250 Q0240 M0240 M0241 Q0220 M0220 M0221 Q0221 Q0222 M0222 M0221	<ul style="list-style-type: none"> • As monoclonal antibody products are supplied by government entities for free, Harvard Pilgrim does not provide reimbursement for the following codes: Q0240, Q0243, Q0244, Q0245, Q0247 and Q0249, Q0220, Q0221 Q0222 • Monoclonal antibody treatments are covered in either the outpatient or inpatient setting when medically necessary and <u>in accordance with the guidelines approved/outlined by the FDA</u> • Due to the FDA’s revocation of the EUA for bamlanivimab when used as a stand-alone treatment for COVID-19, effective for dates of service on or after April 16, 2021, bamlanivimab is not covered when administered alone (Q0239, M0239) • Pre-exposure prophylaxis monoclonal antibody treatment (Q0220, Q0221, M0220, M0221) is considered a preventive service. As of 3/1/22, U07.1 and Z20.828 will not be required for cost share to be waived. Modifier 33 should be appended to indicate a preventive service.

*see information above on cost-sharing policies by product and state

COVID-19 VACCINES

Services	CPT/ICD10 Coding	Comments
<p>COVID-19 Vaccines</p>	<p>Vaccine and Administration CPT Codes: 91300 (SARSCOV2 Vaccine DIL RECON 30 MCG/0.3 ML IM USE - Pfizer)</p> <p>0001A, D1701 (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST Dose - Pfizer)</p> <p>0002A, D1702 (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND Dose - Pfizer)</p> <p>0003A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD Dose - Pfizer)</p> <p>0004A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON Booster - Pfizer)</p> <p>91301 (SARSCOV2 Vaccine 100 MCG/0.5 ML IM USE - Moderna)</p> <p>0011A, D1703 (IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST Dose - Moderna)</p> <p>0012A, D1704 (IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND Dose - Moderna)</p> <p>0013A (IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD Dose - Moderna)</p> <p>91302 (SARSCOV2 Vaccine 5x10¹⁰ viral particles/0.5mL dosage, IM USE – Oxford-AstraZeneca)</p> <p>0021A (IMM ADMN SARSCOV2 5x10¹⁰ viral particles/0.5ML First Dose – Oxford-AstraZeneca)</p> <p>0022A (IMM ADMN SARSCOV2 5x10¹⁰ viral particles/0.5ML 2ND Dose – Oxford-AstraZeneca)</p> <p>91303 (SARSCOV2 Vaccine 5x10¹⁰ viral particles/0.5mL dosage, IM USE – Johnson & Johnson)0031A, D1707 (IMM ADMN SARSCOV2 5x10¹⁰ viral particles/0.5ML 2ND First Dose – Johnson & Johnson)</p> <p>0034A (IMM ADMN SARSCOV2 5x10¹⁰ viral particles/0.5ML Booster – Johnson &</p>	<ul style="list-style-type: none"> • Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration • Harvard Pilgrim does not provide reimbursement for the following codes, which should be billed with the SL modifier when the vaccine is supplied to the provider for free: 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91311, 91312, 91314, 91315, 91316, 91317 • D codes are for use by Dental providers • Report M0201 only once per individual home, per date of service, in addition to one of the appropriate vaccine administration codes listed.

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Services	CPT/ICD10 Coding	Comments
COVID-19 Vaccines	91306 (SARSCOV2 Vaccine 50 MCG/0.25 ML IM USE - Moderna)	
	0064A (IMM ADMN SARSCOV2 50MCG/0.25 ML Booster - Moderna)	
	91307 (SARSCOV2 Vaccine Tris-sucrose 10 MCG/0.2 ML IM USE, Ages 5-11 - Pfizer)	
	0071A (IMM ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose 1ST Dose - Pfizer)	
	0072A (IMM ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose 2nd Dose - Pfizer)	
	0073A (IMM ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose 3rd Dose - Pfizer)	
	0074A (IMM ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose Booster - Pfizer)	
	91309 (SARSCOV2 Vaccine - Preservative Free 50MCG/0.5 ML IM USE - Moderna)	
	0091A (IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 1 st dose, Ages 6 mos – 11 yrs Moderna)	
	0092A (IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 2 nd dose, Ages 6 mos – 11 yrs Moderna)	
	0093A (IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 3rd dose, Ages 6 mos – 11 yrs Moderna)	
	0094A (IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML - adult booster Moderna)	
	91308 (SARSCOV2 Vaccine Tris-sucrose 3 MCG/0.2 ML IM USE, Ages 6 mos – 4 yrs - Pfizer)	
	0081A (IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 1st Dose - Pfizer)	
0082A (IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 2nd Dose - Pfizer)		

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0083A (IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 3rd Dose - Pfizer)	
91311 (SARSCOV2 Vaccine 25 MCG/0.25 ML IM USE - Ages 6 mos – 5 yrs - Moderna)	
0111A (IMM ADMN SARSCOV2 25 MCG/0.25 ML 1ST Dose - Moderna)	
0112A (IMM ADMN SARSCOV2 25 MCG/0.25 ML 2ND Dose - Moderna)	
0113A (IMM ADMN SARSCOV2 25 MCG/0.25 ML 3rd Dose - Moderna)	
91304 (SARSCOV2 Vaccine - Preservative Free 5 MCG/0.5 ML IM USE - Novavax)	
0041A (IMM ADMN SARSCOV2 - Preservative Free 5 MCG/0.5ML – 1 st dose - Novavax)	
0042A (IMM ADMN SARSCOV2 - Preservative Free 5 MCG/0.5ML – 2nd dose - Novavax)	
91312 (SARSCOV2 Vaccine Bivalent 30 MCG/0.3 ML IM USE - Pfizer)	
0124A (IMM ADMN SARSCOV2 30MCG/0.3ML Bivalent Booster Dose - Pfizer)	
91313 (SARSCOV2 Vaccine Bivalent 50 MCG/0.5 ML IM USE - Moderna)	
0134A (IMM ADMN SARSCOV2 50 MCG/0.5ML Bivalent Booster Dose - Moderna)	
91314 (SARSCOV2 Vaccine Bivalent 25 MCG/0.25 ML IM USE – ages 6-11 Moderna)	
0144A (IMM ADMN SARSCOV2 25 MCG/0.25ML Bivalent Booster Dose - Moderna)	
91315 (SARSCOV2 Vaccine Bivalent 10 MCG/0.2 ML IM USE – ages 5-11 Pfizer)	
0154A (IMM ADMN SARSCOV2 10 MCG/0.2 ML Bivalent Booster Dose - Pfizer)	

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	<p>91316 (SARSCOV2 Vaccine Bivalent 10 MCG/0.2 ML IM USE – Moderna)</p> <p>0164A (IMM ADMN SARSCOV2 10 MCG/0.2 ML Bivalent Booster Dose - Moderna)</p> <p>91317 (SARSCOV2 Vaccine Bivalent 3 MCG/0.2 ML IM USE – Pfizer)</p> <p>0173A (IMM ADMN SARSCOV2 3 MCG/0.2 ML Bivalent Third Dose - Pfizer)</p> <p>M0201, COVID-19 vaccine administration inside a patient's home</p>	
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