DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF PROGRAM OPERATIONS AND LOCAL ENGAGEMENT

INNOVATION & FINANCIAL MANAGEMENT GROUP

May 20, 2020

Wendy Alfaro
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Medical Oncology Association of Southern California
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Dear Ms. Alfaro:

We are writing in response to your May 18, 2020 inquiry regarding the Medicare program. You asked the Centers for Medicare & Medicaid Services (CMS) to clarify Medicare's payment in connection with a physician furnishing a COVID-19 test to a Medicare beneficiary during the public health emergency (PHE) on Coronavirus.

Practitioners can be paid for assessment and specimen collection for COVID-19 testing using the level 1 evaluation and management code CPT code 99221. In light of the PHE, Medicare will recognize this code to be billed for all patients, not just established patients. This approach helps physician practices to operate testing sites during the PHE. Beginning on page 8 of CMS' document entitled, "Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19," you may review additional information regarding COVID-19 testing. CMS' document is available from the following link. https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

We contacted Noridian Healthcare Solutions which currently serves as the Medicare Administrative Contractor (MAC) in Jurisdiction E (J-E MAC). If a Medicare beneficiary receives a test from a participating Medicare provider, Medicare would cover the cost of the test when properly submitted for payment from that provider and at no cost to the beneficiary. The Families First Coronavirus Response Act established that with most insurances, COVID-19 tests are to be fully covered with no cost sharing.

The American Medical Association (AMA) has released new codes for COVID-19 antibody testing effective for dates of service on or after April 10, 2020. These new CPT Codes compliment the current COVID-19 testing codes in place.

- Code U0001; virus detection using CDC supplied kit, allows up to $36.00 or the billed amount if billed amount is lower unless laboratory is processing test and billing
- Code U0002; virus detection using non-CDC supplied kit that uses any technique, multiple types or subtypes, allows up to $51.00 or the billed amount if billed amount is lower unless laboratory is processing test and billing

- Code 87635; non-CDC test using RNA based technique, allows up to $51.00 or the billed amount if billed amount is lower unless laboratory is processing test and billing
- Code 99211; for the interview/triaging of the beneficiary to determine if testing is necessary unless another E&M code is billed same date of service
- Code 86769; antibody test, allows up to $42.13 or the billed amount if billed amount is lower
- Code 86328; antibody test, allows up to $45.23 or the billed amount if billed amount is lower

You may review CMS' document entitled, "COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service Billing," for detailed information regarding billing Medicare for COVID-19 diagnostic laboratory testing. CMS' document is available from the following link.
https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
The J-E MAC determined that HCPCS code U0002 is still available for billing Medicare if a provider's test does not fit any of the other existing code descriptors for COVID-19 testing. When billing for a serology antibody test, it would be best practice to use 86328 and 86769 since these codes are currently the assigned codes for that kind of test.

Definitions of these two services include:

- 86328: Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, 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])

Both new test codes can be used to bill Medicare for COVID-19 serology testing that can detect antibodies. If your COVID-19 test can be done in a single step, the most appropriate code to use is 86328. Multi-step antibody testing for COVID-19 can be billed using 86769.

According to the AMA, CPT code 86328 was established for antibody tests using a single-step method immunoassay. This testing method typically includes a strip with all of the critical components for the assay and is appropriate for a point of care platform. CPT code 86769 was established for COVID-19 antibody tests using a multiple step method. This testing method often involves several steps where a diluted sample is incubated in a sample plate.

You may review CMS' document entitled, "COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing," for information pertaining to diagnostic laboratory services. Specifically, pages 5 and 6 of the FAQs addresses COVID-19 testing.
https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

On March 30, 2020, CMS, at the direction of President Trump, issued a sweeping array of new rules and waivers of federal regulations to ensure that local hospitals and healthcare systems have the capacity to absorb and effectively manage potential surges of COVID-19 patients.

The CMS document entitled, "Laboratories: Medicare Flexibilities to Fight COVID-19," includes a description of several flexibilities pertaining to diagnostic laboratory services which you may find helpful. CMS' document is available from the following link.
https://www.cms.gov/files/document/covid-19-laboratories.pdf

You may review the CMS fact sheet on sweeping regulatory changes to help address the COVID-19 patient surge which is available from the following CMS link. https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient.

You may review the following CMS webpage which contains detailed information pertaining to the Coronavirus. For example, the webpage includes a link to frequently asked questions to assist Medicare providers which you may find helpful in addressing your billing concerns. https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page. You may also review the following CMS webpage on MLN Connects which includes information on how to address the COVID-19 virus. https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.

If you have further Medicare billing concerns, you may contact the J-E MAC's provider contact center at (855) 609-9960.

We hope this is of assistance to you. If you need additional information, you may contact me at (415) 744-3551.

Sincerely,



Neal E. Logue
Health Insurance Specialist
San Francisco Division of Innovation & Operations