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SPECIAL EDITION

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News

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News

COVID-19: Payment for Diagnostic Laboratory Tests

Earlier this year, CMS took action to ensure America's patients, health care facilities, and clinical laboratories were prepared to respond to the 2019-Novel Coronavirus (COVID-19). To help increase testing and track new cases, CMS developed two HCPCS codes that laboratories can use to bill for certain COVID-19 diagnostic tests. Health care providers and laboratories may bill Medicare and other health insurers for SARS-CoV2 tests performed on or after February 4 using:

- HCPCS code U0001 for tests developed by the Centers for Disease Control and Prevention (CDC)
- HCPCS code U0002 for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)

Laboratories and other health providers can also bill Medicare for tests using CPT codes created by the American Medical Association, provided testing uses the method specified by each CPT code:

- CPT code 87635 for infectious agent detection by nucleic acid tests for dates of service on or after March 13
- CPT codes 86769 and 86328 for serology tests for dates of service on or after April 10

Finally, for dates of service on or after April 14, 2020, [Medicare pays \\$100 for laboratory tests for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 making use of high throughput technologies](#). Laboratories can bill Medicare for these tests using:

- 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.

Neither U0003 nor U0004 should be used to bill for tests that detect COVID-19 antibodies.

For COVID-19 tests that do not use high throughput technology, Medicare Administrative Contractors developed [payment amounts](#) for claims in their jurisdictions that will be used until we establish national payment rates through the annual laboratory meeting process. There is no cost-sharing for Medicare patients.

Trump Administration Issues Guidance to Ensure States Have a Plan in Place to Safely Reopen Nursing Homes

On May 18, under the leadership of President Trump, CMS announced new guidance for state and local officials to ensure the safe reopening of nursing homes across the country. The guidance released is part of President Trump's Guidelines for Opening Up America Again. The recommendations issued would allow states to make sure nursing homes are continuing to take the appropriate and necessary steps to ensure resident safety and are opening their doors when the time is right. This also serves to help states and nursing homes reunite families with their loved ones in a safe, phased manner.

[Press Release](#)

COVID-19: Which Laboratory Claims Require the NPI of the Ordering/Referring Professional?

During the COVID-19 Public Health Emergency, CMS is relaxing billing requirements for a [limited number of laboratory tests](#) required for a COVID-19 diagnosis. Any health care professional authorized under state law may order these tests. Medicare will pay for these tests without a written order from the treating physician or other practitioner:

- If an order is not written, you do not need to provide the National Provider Identifier (NPI) of the ordering or referring professional on the claim
- If an order is written, include the NPI of the ordering or referring professional, consistent with current billing guidelines

For More Information:

- [Laboratory Tests](#) with modified requirements
- [Interim Final Rule](#)

COVID-19: Ambulance Claims for Alternative Sites

During the COVID-19 Public Health Emergency, Medicare covers medically necessary emergency and non-emergency ground ambulance transportation from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished.

Medicare Administrative Contractors are now processing claims according to the details provided in the [April 7 message](#). If you believe that your previously processed claims were denied in error, contact your [Medicare Administrative Contractor](#) to have these claims reprocessed.

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