

COVID-19 – What Central Health Plan’s IPAs, Physician Groups and Providers Need to Know

Please note that the following guidance is subject to change. Refer to official press releases and website updates from the CDC, CMS, and your local public health agency for the latest information.

EVALUATING AND ASSESSING PERSONS WITH SYMPTOMS

Patients who have concerns that they may have been exposed to COVID-19 or may have symptoms of COVID-19 should contact their physician or local/state Department of Health for testing. The test specimens will be obtained and then sent to a laboratory. The CDC states that coronavirus testing may be performed on patients with a doctor’s approval.

At this time, some states have also begun implementing drive-through testing sites for Coronavirus. Please check the website of your county’s local public health agency or the CDC for updates.

What are the symptoms of COVID-19?

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel², who within 14 days of symptom onset had close contact³ with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic area (see link below) within 14 days of their symptom onset.

CDC Link: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Is Telehealth an option for evaluating members?

Yes. Central Health and our contracted Physician Groups will cover Telehealth services provided to members by phone, but only if the phone allows for audio-video interaction between the qualified provider and the beneficiary. This is limited to qualified providers who have furnished Medicare services to the individual in the three years prior to the telehealth service (or another qualified provider under the same tax identification number that has



provided services within three years). The patient must give consent to be treated virtually, and the consent must be documented in the medical record before initiation of the service. (See below for procedure codes)

CMS Link: <https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak>

DIAGNOSTIC TESTS

Does Central Health cover the cost of COVID-19 testing for members?

Central Health members who meet CDC guidelines for physician-ordered testing will have no co-pays, coinsurance, or deductibles for diagnostic testing related to COVID-19.

Is prior authorization required for COVID-19 testing?

No. Prior authorization from the Plan or medical group / IPA is not required to order tests for COVID-19.

CMS Link: <https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19>

Should IPAs and Physician Groups contract with Labs that can administer the COVID-19 test?

Yes. Physician Groups are financially responsible for covering costs for all Laboratory and Diagnostic testing performed in an outpatient setting. Physician groups should confirm if their contracted labs can perform the COVID-19 test and/or contract with one or more of the labs below.

Which commercial labs have the ability to test for COVID-19?

Quest Diagnostics and LabCorp have announced they will launch a COVID-19 test service. They are providing updates to their provider community on their capabilities and how to order the tests. Central Health will continue to provide updates on the other labs that will have testing capabilities. Central Health continues to reach out to the commercial labs with their ability to provide the COVID-19 testing.

Selected labs approved to do COVID-19 testing are (information as of March 13, 2020):

Lab Name	Testing Available
LabCorp	March 5, 2020
Quest Diagnostics	March 9, 2020
Accurate Diagnostics Labs	March 23, 2020
BioReference	March 13, 2020
Sonic Healthcare (CBL)	March 23, 2020



How will patients access the COVID-19 testing? Can Central Health members go directly to draw stations?

Quest and LabCorp will not collect specimens for the test. Patients for whom testing has been ordered should not be sent to a Quest or LabCorp location or their draw sites to have a specimen collected. Instead, an appropriate specimen should be collected at the health care facility where the patient was seen and the test was ordered. The specimen should be sent to these laboratories using standard procedures. Test results may be available in three to four days (subject to change).

The hospital or physician will use respiratory samples, including nasopharyngeal (NP) or oropharyngeal (OP) aspirates or washes, NP or OP swabs, and bronchoalveolar lavage (BAL). The physician office will put in a sealed envelope and ship it out to the lab. The labs will communicate and educate the provider offices on using the appropriate lab testing equipment and submitting to their reference lab.

At this time, some states have also begun implementing drive-through testing sites for Coronavirus. Please check the website of your county’s local public health agency or the CDC for updates.

INPATIENT HOSPITAL CARE SERVICES

Central Health members have the following cost sharing for Inpatient Hospitalizations:

Plan Benefit Package (PBP)	Copay/Coinsurance/Deductible
Plan 001 Central Health Medicare Plan (HMO)	\$0 per day (unlimited)
Plan 002 Central Health Medi-Medi Plan (HMO D-SNP)	\$0 per day (unlimited)
Plan 004 Central Health Premier Plan (HMO)	\$0 per day (unlimited)*
Plan 006 Central Health Focus Plan (HMO C-SNP)	\$0 per day (unlimited)
Plan 008 Central Health Ventura Medicare Plan (HMO)	\$150/day (days 1-5); \$0 (days 6-90)
Plan 009 Central Health Ventura Medi-Medi Plan (HMO D-SNP)	\$0 per day (unlimited)
Plan 013 Central Health Inspire (HMO)	\$100/day (days 1-5); \$0 (days 6-90)
Plan 014 Central Health Elite (HMO D-SNP)	\$0 per day (unlimited)

*Cost sharing for members w/ Medicare and full Medi-Cal

COVID-19 VACCINES

Under current law, once a vaccine becomes available for COVID-19, Central Health will cover the vaccine under Part D.

CMS Link: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

CODING AND BILLING FOR COVID-19

Common Procedural Technology (CPT) codes for COVID-19 testing

According to CMS coding guidelines for COVID-19 lab testing, CMS has adopted two new CPT codes, (U0001) and (U0002), for COVID-19 testing.

- U0001 - 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel should be used when specimens are sent to the CDC and CDC-approved local/state health department laboratories.
- U0002 - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC should be used when specimens are sent to commercial laboratories, e.g. Quest or LabCorp, and not to the CDC or CDC-approved local/state health department laboratories.

Common Procedural Technology (CPT) codes for Telehealth

Doctors and certain practitioners may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). For additional codes please refer to the following link.

CMS link: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

What IDC-10 codes should I be aware of related to COVID-19?

Reporting codes related to COVID-19 include:

- An emergency ICD-10 code has been created by WHO.
- Code U07.1, 2019-nCoV acute respiratory disease, will be implemented into ICD-10-CM with the update effective October 1, 2020. Until then, providers must use available ICD-10 codes and guidance.

Exposure to COVID-19

- Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out). Used for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation.
- Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases). Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.

Signs and Symptoms

- For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05 (Cough)

- R06.02 (Shortness of breath)
- R50.9 (Fever, unspecified)

Pneumonia

- For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes:
 - J12.89 (Other viral pneumonia)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Bronchitis

- Acute bronchitis confirmed as due to COVID-19, assign codes:
 - J20.8 (Acute bronchitis)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using codes:
 - J40 (Bronchitis, not specified as acute or chronic)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Lower Respiratory Infection

- Assign the following codes if the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS:
 - J22 (Unspecified acute lower respiratory infection)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- Assign the following codes if the COVID-19 is documented as being associated with a respiratory infection, NOS:
 - J98.8 (Other specified respiratory disorders)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

ARDS

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

Other

- Diagnosis code B34.2 (Coronavirus infection, unspecified) would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”
- If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

OTHER RESOURCES AND INFORMATION FOR COVID-19

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Centers for Medicare & Medicaid Services

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>