COVID-19 VACCINE CODING

Providers should report charges for the vaccine product and its administration according to the Current Procedural Terminology (CPT®) coding standards established by the American Medical Association (AMA). See the AMA's website for more information on COVID-19 vaccine coding.

Please refer to COVID-19 Vaccine FAQs for further information.

MONOCLONAL ANTIBODY INFUSION FOR TREATING COVID-19

For Medicare Advantage (MA) members, the Centers for Medicare & Medicaid Services (CMS) determined that coverage for COVID-19 monoclonal antibodies administered to MA plan members during 2020 and 2021 would be provided through the Original Medicare program. This includes charges for the COVID-19 monoclonal antibody product and its administration. All claims for administering COVID-19 monoclonal antibodies to a CarePlus member during 2020 and 2021 should be submitted to the applicable Medicare Administrative Contractor. CarePlus will deny any COVID-19 monoclonal antibody product or administration claims received for CarePlus members for dates of service in 2020 and 2021. Claims for administering COVID-19 monoclonal antibodies to CarePlus members for dates of service beginning January 1, 2022, should be submitted to CarePlus.

Get the most up to date list of billing codes, payment allowances and effective dates at: https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies. This site also includes "Additional Resources" and helpful information for providers.

- Product NDCs can be found in the EUA Fact Sheet for Healthcare Providers and can be used to identify the appropriate HCPCS codes for each product and its administration.
- NDC - HCPCS crosswalk is available in CMS ASP crosswalk zip folder.
- Long, medium, and short descriptors of COVID-19 CPT codes are available from AMA website.

For more information providers may review the COVID-19 provider toolkit.

DIAGNOSIS CODES
   Refer to: ICD-10 | CMS

LABORATORY TESTING

Please refer your CarePlus-covered patients to an in-network laboratory if they need COVID-19 testing.

For COVID-19 testing, lab providers should use the American Medical Association website. COVID-19 CPT coding and guidance. https://www.ama-assn.org.

See **Laboratories** fact sheet under Coronavirus Waivers | CMS

DIAGNOSIS CODES AND CLAIMS
UPDATED MAY 11, 2023

For COVID-19 specimen collection services, CarePlus requires a provider to submit a charge as follows:

- If the clinical staff at a physician or nonphysician practitioner's office collected the specimen incident to their professional services, report *CPT code 99211* for a new <u>or</u> established patient.
- If the clinical staff at a hospital outpatient department collected the specimen:
  - For dates of service prior to March 1, 2020, report the most appropriate specimen collection code available for the date of service on CMS's outpatient prospective payment system (OPPS).
  - For dates of service beginning March 1, 2020, report the new *HCPCS code C9803* for collection of a COVID-19 laboratory test specimen.
- If the staff from an independent laboratory collected the specimen from a <u>homebound or non-hospital inpatient</u>:
  - For dates of service prior to March 1, 2020, report the most appropriate specimen collection code available for the date of service on CMS's Clinical Laboratory Fee Schedule (CLFS).
  - For dates of service beginning March 1, 2020:
    - Report the new *HCPCS code G2024* if the patient is in a skilled nursing facility or the collection is being taken on behalf of a home health agency.
    - Report the new *HCPCS code G2023* for a situation not described in the code description for *HCPCS code G2024*.