

# COVID-19

## Benefit and Reimbursement Policy

### Frequently Asked Questions (FAQ)



Updated January, 2021 | → indicates new or revised content

This document aims to answer the most common benefit and coding questions we've received from our provider community in response to the COVID-19 pandemic. Statements in this document address the most urgent needs of our provider community. This FAQ will be updated as additional information is available and as new codes are established.

#### → Policy for COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing and Vaccines

The document "COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing" can be found in the [Practice Guidelines](#) section of our website.

#### Is PacificSource covering the cost of COVID-19 diagnosing, tests, and vaccines with no member cost share (deductible, coinsurance, copay)?

Yes, PacificSource is covering the cost of COVID-19 testing and vaccine administration performed by in-network providers with no member cost share. Tests provided by out-of-network providers will be paid at the same benefit as our in-network benefit. This benefit has been extended through the end of the Emergency Declaration period. Out-of-network Washington labs should contact PacificSource to discuss payment.

Oregon Medicaid: Providers must be enrolled with The Oregon Health Authority to be eligible for reimbursement. See [this notice](#) for more information.

#### → How should I bill for the COVID-19 vaccine?

As authorized through the CARES Act, the vaccine itself will be paid for by the federal government. PacificSource does not require the vaccine CPT to be billed for Commercial or Medicaid members; however, if you wish to bill for the vaccine itself (as "reporting only") you may do so by using a charge of \$0.00. Medicare Advantage vaccine and administration costs should be billed to traditional Medicare for reimbursement.

PacificSource will reimburse providers solely for the administration of the vaccine. Please refer to the chart below for the appropriate administration code of the vaccine provided.

#### → What HCPCS/CPT diagnosis codes should be billed for COVID-19 tests?

PacificSource is recognizing claims with a combination of any of the following diagnosis and procedure codes for full coverage with no member cost share. See [the current CDC guidelines](#).

For additional guidelines and criteria, please reference "COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing," mentioned above.

#### HCPCS and CPT codes for COVID-19 laboratory tests

Code	Description
U0001	Test for SARS-CoV-2 (CDC laboratory test)
U0002	Test for SARS-CoV-2 (non-CDC laboratory test)

Code	Description
<b>U0003</b>	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
<b>U0004</b>	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
<b>0098U</b>	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types, 14 targets (adenovirus, coronavirus, human metapneumovirus)
<b>0099U</b>	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus)
<b>0100U</b>	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus)
<b>0202U</b>	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not
<b>0223U</b>	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
<b>0225U</b>	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
<b>0226U</b>	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
<b>0241U</b>	Infectious disease (viral respiratory tract infection), pathogen specific RNA, 4 targets including severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
<b>0240U</b>	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
<b>C9803</b>	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [covid-19]), any specimen source
<b>G2023</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
<b>G2024</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), from an individual in an SNF or by a laboratory on behalf of an HHA, any specimen source
<b>86328</b>	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
<b>86408</b>	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen

Code	Description
<b>86409</b>	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
<b>86413</b>	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
<b>86769</b>	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19])
<b>87426</b>	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA]), enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
<b>87428</b>	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B)
<b>87631</b>	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
<b>87635</b>	Infection agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique
<b>87636</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus type
<b>87637</b>	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
<b>87811</b>	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV2)

## HCPCS and CPT codes for COVID-19 vaccines

Code	Description
<b>91300 (Pfizer-BioNTech COVID-19 vaccine)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, for intramuscular use
<b>0001A admin for 91300</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
<b>0002A admin for 91300</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose

Code	Description
<b>91301 (Moderna COVID-19 Vaccine)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
<b>0011A admin for 91301</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
<b>0012A admin for 91301</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
<b>91302 (AstraZeneca COVID-19 Vaccine)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 viral particle/0.5L dosage, for intramuscular use
<b>0021A admin for 91302</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 viral particles/0.5mL dosage; first dose
<b>0022A admin for 91302</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 viral particles/0.5mL dosage; second dose

**HCPCS and CPT codes for COVID-19 vaccines are effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration**

**AMA Appendix Q resource for COVID-19 vaccine administration**

The new Appendix Q on the AMA site can be used as a standalone “quick reference” guide that is available to aid healthcare professionals responsible for administering the new vaccines to accurately report the appropriate code(s). **Appendix Q** will be accessible on the AMA’s website dedicated to COVID-19 resources at <https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes>

**HCPCS codes for monoclonal antibody infusion for COVID-19**

Code	Description
<b>M0239</b>	Intravenous infusion, bamlanivimab-xxx, includes infusion and post-administration monitoring
<b>M0243</b>	Intravenous infusion, casirivimab and imdevimab, includes infusion and post-administration monitoring
<b>Q0239</b>	Injection, bamlanivimab, 700 mg
<b>Q0243</b>	Injection, casirivimab and imdevimab, 2400 mg

**FDA Fact Sheets for Emergency Use Authorization of Monoclonal Antibody Infusions**

[Fact Sheet for Health Care Providers Emergency Use Authorizations \(EUA\) of Bamlanivimab,](#)  
[Fact Sheet for Health Care Providers Emergency Use Authorizations \(EUA\) of Casirivimab and Imdevimab](#)

## ICD-10 codes for COVID-19 billing

Condition	ICD-10 Diagnosis Codes
Acute bronchitis, confirmed as due to COVID-19	<b>J20.8, B97.29, U07.1</b>
Acute respiratory distress syndrome, confirmed as due to COVID-19	<b>J80, B97.29, U07.1</b>
Acute/lower respiratory infection NOS, confirmed as due to COVID-19	<b>J22, B97.29, U07.1</b>
Bronchitis NOS, confirmed as due to COVID-19	<b>J40, B97.29, U07.1</b>
Contact with and (suspected) exposure to COVID-19	<b>Z20.822</b>
Coronavirus infection, unspecified	<b>B34.2</b>
Encounter for screening for COVID-19	<b>Z11.52</b>
Encounter of screening for other viral diseases	<b>Z11.59</b>
Exposure to confirmed COVID-19	<b>Z20.828</b>
nCoV acute respiratory disease	<b>U07.1</b>
Personal history of COVID-19	<b>Z86.16</b>
Pneumonia, confirmed as due to COVID-19	<b>J12.89, B97.29, U07.1</b>
Pneumonia due to SARS-associated coronavirus	<b>J12.81</b>
Pneumonia due to coronavirus disease 2019	<b>J12.82</b>
Possible exposure to COVID-19, condition ruled out	<b>Z03.818</b>
Respiratory infection NOS, confirmed as due to COVID-19	<b>J98.8, B97.29, U07.1</b>
SARS-associated coronavirus as the cause of diseases classified elsewhere	<b>B97.21</b>

### Should I administer the COVID-19 and antibody test to any patient that requests it?

PacificSource considers COVID-19 and SARS-CoV-2 testing medically necessary when the following criteria are met:

- PacificSource covers diagnostic testing based on provider compliance with current CDC guidelines. The CDC has testing guidance available at [CDC.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
- The COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing and Vaccines policy is available online and includes medical necessity guidelines and criteria. The document "COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing" can be found in the [Practice Guidelines](#) section of our website.

### Is PacificSource covering any other COVID-19 related services with no member cost share?

PacificSource is waiving member out-of-pocket costs for COVID-19 testing and diagnosis-related office visits, urgent-care visits, telemedicine visits, ER visits, testing, and radiology if billed with one of the COVID DX codes. PacificSource providers are instructed to not collect copay/coinsurance or deductibles for visiting and testing services. Other services not specified here will adhere to the member's cost share under their standard benefit.

Services provided by out-of-network providers will be paid at the same benefit as our in-network benefit. These benefits have been extended through the end of Emergency Declaration.

### **Does PacificSource reimburse for antibody (serology) testing?**

Yes, PacificSource considers SARS-CoV-2 antibody (serology) testing as eligible, provided the medically-necessary criteria have been met as referenced in our COVID-19 Testing for Diagnostic (Viral) and Antibody (Serology) Testing and Vaccines Policy.

### **When is serology (or antibody) testing not medically necessary?**

PacificSource considers SARS-COV-2 serology (antibody) testing **not medically necessary for any of the following:**

- Testing that is not considered for diagnosis and treatment
- When performed as the sole test for COVID-19 diagnosis
- To determine immune status in individuals until the presence, durability, and duration of immunity is established
- Testing for public health surveillance/tracking purposes (i.e., workplace or facility surveillance)
- To make decisions about grouping persons residing in, or being admitted to, congregate settings, such as schools, dormitories, or correctional facilities
- Used to monitor disease burden by location and over time
- For the purpose of obtaining convalescent serum
- For any other testing purposes not noted above

### **How is PacificSource addressing the needs of your members who choose to practice social distancing by not visiting clinics, yet need to seek medical or behavioral help?**

We have expanded coverage to allow the following provider types to bill appropriate Evaluation-and-Management-type services that can be performed in real time via telehealth.

- Physicians
- Nurse Practitioners
- Nurse-Midwives
- Physician Assistants
- Naturopathic Physicians
- Clinical Nurse Specialists
- Registered Dietitians or Nutrition Professionals
- Clinical Psychologists
- Clinical Social Workers and other mental health providers as outlined in member's benefit
- Certified Registered Nurse Anesthetists
- FQHC and RHC Providers
- Speech Therapists, Occupational Therapists, and Physical Therapists

### **How long will PacificSource allow physical therapists, speech therapists, and occupational therapists to perform telehealth?**

PacificSource will continue to follow state and federal requirements and billing guidelines for telehealth.

### **How do you define "telehealth" services?**

Telehealth, or telemedicine, refers to consultations with a qualified healthcare professional provided in real time over an electronic mechanism. These services are rendered to patients using electronic communications, such as telephone, online audio, and/or video conferencing. PacificSource will allow services by telephone only if synchronous, two-way video is not available during COVID-19.



## **What is the difference in the copayment a member will be charged for services not related to a COVID-19 diagnosis?**

For services that a provider also bills for when done in the office (e.g., office visit E&M code, psychotherapy visit codes), they will be processed under comparable benefits (such as office and home visits or mental health office visits), regardless of whether they were done in the office or over the phone/video. For services that a provider would only bill as telehealth (i.e., specific telephone-visit-only codes), those would fall under the telehealth/telemedicine benefit and take the lower copay (shown as telemedicine visits on benefit summary) if applicable for the plan.

## **Can providers offer telehealth via FaceTime, Skype, etc., during COVID-19?**

We are encouraging providers to use synchronous video and telephone when rendering care. PacificSource supports the above methods of telehealth providing the enforcement discretion from the Office of Civil Rights is in place: [HHS.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html).

## **Must I still ensure a member's language needs are met if a visit is via telehealth?**

The expectation for meeting a member's language needs are the same whether the member is seen face to face in the office or if services are rendered through telehealth. For example, ask if the member needs language assistance and schedule interpreter services during the visit.

## **Given the broad range of services for which patients may need telehealth coverage and the various mediums for telehealth delivery, how can I indicate telehealth services on my claim?**

For Medicare, PacificSource is following CMS (Centers for Medicare and Medicaid Services) billing guidelines. Claims with POS (place of service) 02 will process at the Facility RVU rate and claims with POS 11 and appropriate modifier will be reimbursed at the nonfacility rate. For Medicaid and Commercial plans, claims will continue to process at the nonfacility RVU. Please see [CMS.gov/files/document/03092020-covid-19-faqs-508.pdf](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf).

## **Are therapy codes that call out direct patient contact approved to be rendered via telehealth (97129, 97130, 97530, 97535, and 97537)?**

Yes, services indicating "direct patient contact" including, but not limited to, the codes above are covered during the COVID-19 emergency period.

## **During COVID-19, are remote patient monitoring codes payable via telehealth?**

Yes, codes 99453, 99454, 99091, 99473, 99474, 99457, and 99458 are covered during COVID-19 for Commercial, Medicaid, and Medicare lines of business.

## **Are Annual Wellness Visits (AWV) able to be reimbursed via telehealth for codes G0438 and G0439?**

Yes, these HCPC codes are noted on CMS Medicare approved code list. See [AWV Component Guide](#).

## **Are self-insured companies offering the same benefits through PacificSource to their members?**

Self-insured companies determine if they will provide the same benefit that PacificSource is providing for fully insured groups. Most of our self-insured groups have decided to provide the same benefits. Providers can contact PacificSource Customer Service for questions about specific groups at **888-977-9299**.

## What is PacificSource doing to ensure access to medications for your members?

PacificSource is taking additional steps to support our members filling prescriptions, including:

- PacificSource is increasing access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member's benefit plan).
- PacificSource is encouraging members to take advantage of their ability to obtain a 90-day prescription supply via mail order or approved retail pharmacies (consistent with a member's benefit plan).

## How do I know if a service or medication requires a prior authorization?

To determine if a service and or medication requires preauthorization, consult our Prior Authorization Grid ([Authgrid.PacificSource.com](https://Authgrid.PacificSource.com)). If the service requires preauthorization when done in person, then preauthorization is required when done as telehealth. Medication coverage status and prior authorization requirements by line of business can be found here:

- Commercial: [PacificSource.com/find-a-drug](https://PacificSource.com/find-a-drug)
- Medicare Advantage: [Medicare.PacificSource.com/search/drug](https://Medicare.PacificSource.com/search/drug)
- Medicaid: [CommunitySolutions.PacificSource.com/search/drug](https://CommunitySolutions.PacificSource.com/search/drug)

## How do I know if a service is covered under the Oregon Health Plan (OHP)?

This can be identified by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly ([InTouch.PacificSource.com/LineFinder](https://InTouch.PacificSource.com/LineFinder)).

## Who can I contact if I have additional questions about PacificSource's coverage of COVID-19 related services or other needs during this pandemic?

Our Provider Service team stands by ready to talk through your concerns. You can contact us at:

- Idaho and Montana: **541-246-1459**, or toll-free **855-247-7579**
- Oregon and Washington: **541-246-1457**, or toll-free **855-247-7575**

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## Resources:

- CMS Fact Sheet Medicare FAQ:  
[CMS.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)
- OHA Fact Sheet:  
[Oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf](https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf)
- CMS Provider Quality Reporting FAQ:  
[CMS.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting](https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting)

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