



COVID-19 Billing and Coding Guidance

November 13, 2020 Update

MaineCare is covering COVID-19 testing, diagnosis, and treatment services for MaineCare members and testing and diagnosis services for [uninsured Maine residents](#). A full list of covered testing and diagnostic codes, with effective dates, can be found [online](#). This list may be updated as codes are added or changed. Providers will be notified if there are updates.

November 13, 2020 Update:

MaineCare has added COVID-19 antigen test code 87426 to all benefits, including the uninsured benefit group.

Per [flexibilities](#) from the Centers for Medicare and Medicaid Services' (CMS), evaluation and management code 99211 is allowed for both new and established patients for COVID-19 assessment and specimen collection. This flexibility is noted in MaineCare's [COVID-19 covered codes](#) document.

Previous Updates:

Until the end of the last day of the quarter that the federal Public Health Emergency (PHE) ends, MaineCare will cover any drug approved under an FDA Emergency Use Authorization (EUA) for COVID-19. As an example, that includes serology tests and Remdesivir when used according to the EUA.

As a reminder, during normal non-PHE times, per Chapter I of the *MaineCare Benefits Manual*, "experimental procedures or drugs not approved by the Food and Drug Administration (FDA)" are considered non-covered services and are not reimbursable by MaineCare.

Below, please find additional instructions for certain CPT, HCPC, and ICD-10 codes related to COVID-19.

CPT/HCPC References

Clinical diagnostic lab tests are used to detect SARS-CoV-2 or for the diagnosis of the virus that causes COVID-19.

- CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2. ***This is not a MaineCare covered code.***
- Effective February 4, 2020, code U0002 allows laboratories to bill for non-U.S. CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). ***This is a MaineCare covered code.***

High Throughput Testing: CMS requires the use of the following specific MaineCare-covered codes for lab tests that use high throughput technologies as described by [CMS-2020-01-R](#):

- Effective April 14, 2020, code U0003 should be used to identify tests that had previously been identified by CPT code 87635 and were performed using high throughput technologies. Code 87635 is effective as of March 13, 2020, and it should still be used for tests that do not utilize high throughput technology.
- Effective April 14, 2020, code U0004 should be used to identify tests that had previously been identified by CPT code U0002 and were performed using high throughput technologies. U0002 should still be used for tests that do not utilize high throughput technology.
- Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies. For more information, see the American Academy of Professional Coders' [Coding High-Throughput COVID-19 Testing](#).

Specimen Collection: Providers who currently use CPT specimen collection code 99000 can continue to do so for all collections, including COVID-19. Please note that providers who plan to bill 99000 *for uninsured individuals* can only use this code for dates of service beginning on March 18, 2020, when we began covering COVID-19 [testing and diagnostic services for the uninsured](#). For more information, the American Medical Association has [guidelines](#) about the appropriate use of 99000 as well as scenarios for when 99211 can be used for specimen collection.

- Effective March 1, 2020, **independent labs** should use codes G2023 and G2024.
- Effective March 1, 2020, **hospitals** should use code C9803.

ICD-10 References

To assist with documenting and tracking diagnosis codes, providers should adhere to the following [CDC guidelines](#) for coding:

Effective April 1, 2020, for patients with a confirmed COVID-19 diagnosis, utilize the new ICD-10 code, **U07.1**. For dates of service prior to April 1, 2020, providers should utilize the symptom codes identified with the [list of testing and diagnostic codes](#).

- **Pneumonia confirmed as due to COVID-19:** assign codes **U07.1**, *COVID-19*, and **J12.89**, *other viral pneumonia*.
- **Acute bronchitis confirmed as due to COVID-19:** assign codes **U07.1**, and **J20.8**, *acute bronchitis due to other specified organisms*.

- **Bronchitis not otherwise specified (NOS)** due to COVID-19: assign codes **U07.1** and **J40**, *bronchitis, not specified as acute or chronic*.
- **COVID-19-associated lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, not otherwise specified (NOS)**: assign codes **U07.1** and **J22**, *unspecified acute lower respiratory infection*.
- **COVID-19-associated respiratory infection, NOS**: assign codes **U07.1** and **J98.8**, *other specified respiratory disorders*
- **Acute respiratory distress syndrome (ARDS) confirmed as due to COVID-19**: assign codes **U07.1**, and **J80**, *acute respiratory distress syndrome*.

Additional relevant codes:

- For patients with **possible COVID-19 exposure but no positive COVID-19 status**, assign code **Z03.818**, *encounter for observation for suspected exposure to other biological agents ruled out*.
- For patients with **actual exposure to a confirmed COVID-19 carrier but no positive COVID-19 status**, report code **Z20.828**, *contact with and (suspected) exposure to other viral communicable diseases*.
- For patients **presenting COVID-19 symptoms but who have not yet been tested**, assign codes for each of the presenting symptoms such as: cough (**R05**); shortness of breath (**R06.02**) or fever unspecified (**R50.9**). For **asymptomatic patients** who test positive for COVID-19, assign code **U07.1**, *COVID-19*.
- B34.2 - Coronavirus infection, unspecified
- B97.21 - SARS-associated coronavirus as the cause of diseases classified elsewhere
- J12.81 - Pneumonia due to SARS-associated coronavirus
- Z11.59 - Encounter for screening for other viral diseases

Split Billing for Non-Covered Services

Covered services (CPT/HCPC codes, revenue codes, and diagnosis codes) should be billed separately from any other non-covered services that are provided at the time of appointment. Current form type billing instructions are used. If you do not split bill, your Remittance Advice (RA) may show lines for non-covered services paid at zero dollars, which would require you to adjust off charges that can be billed elsewhere.

For more information about covered services related to COVID-19 for uninsured individuals, please review our associated [guidance](#). A full list of covered codes for uninsured individuals, with effective dates, can be found [online](#). This list may be updated as codes are added or changed. Providers will be notified if there are updates.

For more information about covered services related to COVID-19 for individuals who receive the Emergency MaineCare benefit, including testing, please review our associated [guidance](#).

If you have any questions, please contact your [Provider Relations Specialist](#).