

Vermont COVID-19 Update – May 7, 2020

COVID-19 Treatment

Effective, 3/13/2020 through 5/31/2020, MVP will waive Member cost-share for the treatment of COVID-19 at any site of service, including inpatient hospitalizations and emergency room visits. Self-funded employer groups have the option to offer treatment coverage to their employees with no member cost-share.

Treatment of COVID-19 is defined as supportive therapies to maintain respiratory and other organ functions; mental health services are not included when diagnosis code U07.1 is used. Behavioral health telehealth visits are covered with no cost-share to the Member during the State of Emergency.

To ensure Member cost-share is waived for all applicable Members, use the following codes:

- For dates of service from 3/13/2020 through 3/31/2020, bill the following code in any position:

Diagnosis Code	Description
B97.29	Other coronavirus as the cause of diseases classified elsewhere

- For dates of service from 4/1/2020 and after, bill the following code **as the primary diagnosis** for the **treatment of COVID-19**:

Diagnosis Code	Description
U07.1	COVID-19, virus identified

For COVID-19 treatment performed 4/1/2020 or after, bill U07.1 as the primary diagnosis on the claim except:

- For obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.
- For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock.
- For a pneumonia case confirmed as due to COVID-19, assign codes U07.1 and J12.89 (other viral pneumonia).
- For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8 (acute bronchitis due to other specified organisms).
- For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1 and J80 (acute respiratory distress syndrome).

For more information, visit [cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf](https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf).

COVID-19 Diagnostic Testing

Claims billed with the following ICD-10 codes **as the primary diagnosis** for office, Emergency Department, or Urgent Care Center visits that are for the **primary purpose of testing** will not apply a cost-share:

- Z03.818
- Z20.828

In addition, effective 3/13/2020, the following three codes will be covered at **no cost-share for commercial members**:

- R05
- R06.02
- R50.9

In compliance with Vermont regulations, MVP will also cover the COVID-19 **diagnostic test** during pre-op visits.

To view a summary of all updates, visit mvphealthcare.com/Providers/COVID19.

To receive future FastFax messages by email, send a request to MVPFastFax@mvphealthcare.com.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



COVID-19 Antibody Testing

Only a small number of the serologic assays to identify antibodies to SARS-CoV-2 are officially approved by the FDA. Providers are strongly encouraged to only use the tests officially approved by the FDA. Information about the tests are found on the FDA's website at: www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd.

If performed, use the following codes to ensure member cost-share is waived:

CPT Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)

Providers should be aware of the following when ordering serologic assays for COVID-19:

- Serologic tests should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection.
- Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus.
- Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus strains seen with the common cold.
- Testing will not provide any information on a person's immunity or risk of re-infection, but rather just that someone has been exposed.

In addition, the following lab codes will also be covered at **no cost-share to the member**:

CPT Code	Description
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, 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
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), amplified probe technique
U0001	Reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
U0002	Reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.

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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.
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Store and Forward

MVP is covering Store and Forward technology when the below code, or any other appropriate procedure code, is billed, **along with modifier GQ**:

CPT Code	Description
G2010	Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

Reimbursement is based on contractual agreement.

Ambulance Coverage

Effective 3/13/2020, the following codes on an ambulance claim will be paid at **no cost-share for Vermont commercial and Medicare members**.

Diagnosis Code	Description
U07.1	COVID-19, virus identified
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
R05	Cough
R06.02	Shortness of Breath
R50.9	Fever

Medicare Members

Effective 3/1/2020, MVP is following the payment rules published in the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, Interim Final Rule with Comment (IFC).

As we notified you on 3/27/2020, during the current State of Emergency related to COVID-19, telehealth visits for Medicare Members will be paid at the same rate as if the visit was in person, **at no cost-share to the Member**. This applies to all services (includes Evaluation & Management (E/M), Mental Health Counseling, and preventive services) that would have otherwise been face-to-face.

In addition, the following new codes should be used for telephone visits with Medicare Members to ensure cost-share is waived:

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CPT Code	Description
98966	Telephone assessment and management service by a non-physician, 5-10 min
98967	Telephone assessment and management service by a non-physician, 11-20 min
98968	Telephone assessment and management service by a non-physician, 21-30 min
99441	Telephone assessment and management service by a physician, 5-10 min
99442	Telephone assessment and management service by a physician, 11-20 min
99443	Telephone assessment and management service by a physician, 21-30 min
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual -non-face-to-face communication between a rural health clinic -RHC or federally qualified health center-FQHC

More information about the Interim Final Rule can be accessed here;

[federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public](https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public)

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