

Provider Practices:

New Updated.

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Question	Answer: 03-13-20, 03-15-20
<p>How do I bill COVID-19 testing – to the health plan or to the health plan and patient?</p>	<ul style="list-style-type: none"> • <i>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</i> Per Emergency-Order EMERGENCY ORDER NO. 20-01 Until May 4th, all “ state-regulated health insurance plans and short-term limited duration medical plans” are to cover the entire cost, prior to deductible and with no patient cost share, of the COVID-19 test (HPCS code - U0002 or CPT code 87365) for patients who meet the CDC criteria for testing. If the patient is seen in a doctor’s office the associated E&M visit is also covered by the health insurance plan, prior to deductible and with no patient cost share, if it is billed with diagnosis code U07.1 https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf (https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf) • <i>For Medicare Advantage Plans</i> Per CMS Guidelines <ul style="list-style-type: none"> - Waiving cost-sharing for COVID-19 tests - Waiving cost-sharing for COVID-19 treatments in doctor’s offices or emergency rooms and services delivered via telehealth - Expanding access to certain telehealth services https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19. https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf • <i>For ERISA/Self-funded employers or Unions</i> These types of plans may not have agreed to waive cost-share Health plan specific information can be found in the health plan section below

Question	Answer: 03-13-20, 03-15-20
How does the OIC's Emergency Order apply to COVID-19 testing in the Emergency Department or Urgent Care Setting?	<<Waiting for direction from the OIC>>
Why are my COVID testing claims being rejected and what should I do?	<p>A health plan may not have yet loaded the new COVID codes into their system, (Claims will automatically reject if the codes are not in the health plan payment system)</p> <ol style="list-style-type: none"> 1. Check the health plan response to the question of when should providers submit claim? 2. Resubmit any rejected COVID claims after that time.