

## COVID-19 Coronavirus Information for Providers

We are monitoring COVID-19 coronavirus activity closely and want to thank you for the care you are giving our members. Please read the following information carefully.

### COVID-19 Vaccine Information

- The vaccine will be allocated, distributed, and administered to the public in phases based on availability determined by federal, state, and local government authorities. Health officials have recommended, as interim guidance, that both healthcare personnel and residents of long-term care facilities be offered the COVID-19 vaccine in the initial phase of the vaccination program. <https://cv.nmhealth.org/covid-vaccine/>
- *During the public health emergency*, the federal government will pay for the cost of the COVID-19 vaccine for all individuals. Additional costs associated with administering the vaccine (such as vaccine supplies, storage, and provider costs) will be covered by the member's health plan.

### COVID-19 Virus Reporting and Prevention Recommendations

- If you suspect one of your patients has symptoms consistent with COVID-19, please direct the patient to call the New Mexico Department of Health (NMDOH) at **(505) 827-0006** immediately.
- Patients may also visit the NMDOH website, <https://cv.nmhealth.org/>, and the Centers for Disease Control and Prevention website, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>, for helpful information.

### Testing and Treatment

Currently, we are waiving member cost-share for COVID-19 testing and the testing-related office visit. We also are waiving member cost-share for COVID-19 treatment during this period. The waiver will be applied as long as the treatment provided is consistent with the terms of the member's benefit plan. Prior authorization is **not** required for diagnostic tests and covered services that are medically necessary and follow CDC COVID-19 guidelines.

### Antibody Testing

The New Mexico Medical Advisory Team for COVID-19 does **NOT** recommend serology testing for antibodies to SARS-CoV-2. Although FDA-approved serology tests for IgM or IgG antibodies is a covered benefit without member cost-share, the testing is not recommended for diagnosis of COVID-19 as the antibodies do not begin to develop until one to three weeks after the infection starts.

The antibody tests are also not recommended to determine past infection due to the low prevalence of COVID-19 in New Mexico. Despite excellent specificity of approved tests, a low prevalence leads to an unacceptably high number of false positive results. Finally, it is not known whether detected antibodies confer immunity and as such cannot be used at this time to guide an individual about safely returning to work, nor to relax social distancing, hand sanitizing, and wearing a face covering. The only recommended test for COVID-19 is a nasal swab that directly detects the RNA of SARS-CoV-2.

For billing information, contact your Provider Network Relations Specialist.

### **Out-of-Network Providers**

Members may not have out-of-network benefits. If members receive treatment out-of-network, the cost-share waiver will not protect them from a provider's balance-bill or surprise billing. Members may be subject to balance billing or surprise billing depending on their benefit terms and state or federal laws. For a list of in-network providers and facilities, visit our [website](#) and click on *Find a Doctor*.

### **COVID-19 Testing Codes**

By using the appropriate code below, member cost-share will be waived. Testing must be medically appropriate and in accordance with medical standards, and tests should be authorized by the U.S. Food and Drug Administration (FDA).

- C9803, Hospital outpatient clinic visit specimen collection for SARS-CoV-2
- G2023, Specimen collection for SARS-CoV-2
- G2024, Specimen collection for SARS-CoV-2
- 0202U, Infectious disease (bacterial or viral respiratory tract infection)
- 0223U, Infectious disease (bacterial or viral respiratory tract infection)
- 0224U, Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- 87426, Infectious agent antigen detection by immunoassay technique
- 87635, American Medical Association (AMA) code for SARS-CoV-2 lab test
- U0001, CDC testing laboratories to test patients for SARS-CoV-2
- U0002, Non-CDC lab test
- U0003, Nucleic acid, amplified probe technique for SARS-CoV-2, making use of high-throughput technologies
- U0004, Any technique, making use of high-throughput technologies

### **COVID-19 Diagnosis Codes**

COVID-19 Diagnosis Code List A: If any diagnosis is billed in the primary position with a HCPCS or CPT code from the Testing Codes list, no member-cost share will apply to the entire claim.

- R05, Cough
- R06.02, Shortness of breath
- R50.9, Fever, unspecified
- J12.89, Other viral pneumonia
- J20.8, Acute bronchitis due to other specified organisms
- J40, Bronchitis, not specified as acute or chronic
- J22, Unspecified acute lower respiratory infection
- J98.8, Other specified respiratory disorders
- J80, Acute respiratory distress syndrome
- Z11.59, Encounter for screening for other viral diseases (per CDC, used for screening asymptomatic individuals)

COVID-19 Diagnosis Code List B: If claim is billed with any diagnosis from Code List B in the primary position, no member-cost share will apply to the entire claim.

- U07.1, COVID-19 acute respiratory disease
- B97.29, Other coronavirus as the cause of diseases classified elsewhere
- B34.2, COVID-19 infection, unspecified
- Z03.818, Possible exposure to COVID-19
- Z20.828, Actual exposure to COVID-19

- **And** if the diagnosis in code list B is the secondary diagnosis and the primary diagnosis is from Code List A, then no member cost-share should apply to the entire claim.

### **CS Modifier**

For COVID-19 testing-related services furnished during the national public health emergency, if any claim line is billed with the CS modifier, the claim line will apply no member cost-share.

### **Out-of-Network Laboratories**

Members may not have out-of-network benefits. If members receive COVID-19 testing from out-of-network, the cost-share waiver will not protect them from a provider's balance-bill or surprise billing. Members may be subject to balance billing or surprise billing depending on their benefit terms and state or federal laws. For a list of in-network laboratory providers, including TriCore and Quest, visit our [Quick-Search PDFs page](#) and click on *Laboratory Draw Stations*.

### **Telehealth Services**

True Health New Mexico members are eligible to use telehealth services, which can minimize the potential exposure of providers, staff, and other patients to COVID-19.

- If it is medically necessary for a True Health New Mexico member to have a telehealth visit, True Health New Mexico will pay this encounter at parity with office visits. The telehealth visit must have occurred on or after March 12, 2020.
- If billing using a HCFA-1500, please use **place of service (POS) code 02** when filing your telehealth claims.
  - Inclusion of Modifiers GT, GQ, and G0 are not required, but are accepted.
- If billing using a UB-04, please include **modifier 95** for telehealth claims.
- If you do not have access to a secure HIPAA-compliant video system, you may use telephone (audio-only) visits in place of the telehealth system as long as the temporary regulatory waivers remain in effect to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. In this case, please use POS code 02 **and the CR (catastrophe/disaster-related) modifier**.
- **Behavioral health providers** may also conduct outpatient visits telephonically as described above.
- Find more information about reimbursement for telehealth claims in our Provider Handbook, available at <https://www.truehealthnewmexico.com/providers/>.

If you have questions about this bulletin, please contact your True Health New Mexico Provider Network Relations Specialist.