Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of HCPS U0002 or CPT 87635 (COVID testing) and, in the outpatient setting, the associated E&M visit (with diagnosis code of U07.1).			
In situations where HCPS U0002 or CPT 87635 is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?			
Follow Consensus Direction?		**Follow coding guidelines of the health plan and submit the claim with the appropriate diagnosis after the testing has come back. (CDC COVID-19 coding guidelines)** • **Dx Code U07.1 cannot be used until April 1st and should not be used on a claim unless a positive testing result is returned.** • **HCPS U0002 is for dates of service on or after February 4, 20200 and CPT 87635 for dates of service after March 13.** **When coding a COVID claim, providers are not able to differentiate between the following two COVID Dx scenarios: 1) E&M visit is related to COVID testing, and 2) E&M visit is related to COVID care once the testing is completed. The health plan will need to make this determination. Some health plans may pend these claims for manual processing so that they can determine which claim is paid under the order and which is paid under the patient's standard benefits.**	
Aetna	Yes 03/27/20	Aetna COVID page Scroll down to • 'What CPT, HCPS, ICD-10 and other codes should I be aware of related to COVID-19?" & to • "What Common Procedural Technology (CPT) codes should be used for COVID-19 testing?	
Amerigroup	Yes 03/27/20	Medicaid MCO members have no cost sharing or copays so no cost sharing or copays would be deducted from the amount reimbursed to the provider	
CHPW	Yes 03/27/20	We expect the CR modifier, or one of the COVID diagnosis or related diagnosis put out by CDC	
Cigna	Yes 03/27/20	COVID response page – Under 'Interim Billing Guidelines' scroll to 'General billing guidance for COVID-19 related services' section.	
Coordinated Care	Yes 03/27/20	For Apple Health - HCA COVID billing guidelines	Providers should bill the appropriate E/M code with the appropriate

Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of HCPS U0002 or CPT 87635 (COVID testing) and, in the outpatient setting, the associated E&M visit (with diagnosis code of U07.1).			
In situations where HCPS U0002 or CPT 87635 is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?			
Follow Consensus Direction?		**Follow coding guidelines of the health plan and submit the claim with the appropriate diagnosis after the testing has come back. (CDC COVID-19 coding guidelines)** • **Dx Code U07.1 cannot be used until April 1st and should not be used on a claim unless a positive testing result is returned.** • **HCPS U0002 is for dates of service on or after February 4, 20200 and CPT 87635 for dates of service after March 13.** **When coding a COVID claim, providers are not able to differentiate between the following two COVID Dx scenarios: 1) E&M visit is related to COVID testing, and 2) E&M visit is related to COVID care once the testing is completed. The health plan will need to make this determination. Some health plans may pend these claims for manual processing so that they can determine which claim is paid under the order and which is paid under the patient's standard benefits.**	
		For Marketplace plan, for claim billed without the COVID-19 lab tests, screening related claims with diagnosis codes Z20.828 and Z03.818 will be covered with $0 member liability.	diagnosis codes including U07.1 and those found in the link attached.
First Choice (TPA and PPO)	Yes 03/27/20	When COVID-19 diagnosis code U07.1 is appropriately coded with an E&M code, this will indicate it's for COVID-19. If U07.1 is not effective or appropriate due to an initial visit, then refer to the recommended diagnosis coding from the CDC.	
HCA – Apple Health			
KP-NW **KP-WA**	Yes 04/01/20	The provider should bill with the appropriate screening diagnosis associated with COVID-19 to include relevant ICD-10 infection codes. Additionally, we have established provider reconsideration processes if a provider believes the claim was paid incorrectly.	
Labor & Industries			

Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of HCPS U0002 or CPT 87635 (COVID testing) and, in the outpatient setting, the associated E&M visit (with diagnosis code of U07.1).			
In situations where HCPS U0002 or CPT 87635 is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?			
Follow Consensus Direction?		**Follow coding guidelines of the health plan and submit the claim with the appropriate diagnosis after the testing has come back. (CDC COVID-19 coding guidelines)** • **Dx Code U07.1 cannot be used until April 1st and should not be used on a claim unless a positive testing result is returned.** • **HCPS U0002 is for dates of service on or after February 4, 20200 and CPT 87635 for dates of service after March 13.** **When coding a COVID claim, providers are not able to differentiate between the following two COVID Dx scenarios: 1) E&M visit is related to COVID testing, and 2) E&M visit is related to COVID care once the testing is completed. The health plan will need to make this determination. Some health plans may pend these claims for manual processing so that they can determine which claim is paid under the order and which is paid under the patient's standard benefits.**	
Medicaid FFS	Yes 03/27/20	For providers that can bill for an E/M service, the testing is part of the E/M service. If the client comes in to the provider's office just for the specimen collection, then the provider can bill 99211 for the service.	
Molina	Yes 04/01/20	Molina COVID Resource Page	Providers should include the appropriate ICD-10 diagnosis code (B97.29, U07.1, Z03.818, Z20.828) with the E&M code for the visit Molina will follow the same process for all programs
Pacific Source	Yes 03/27/20		
Premera	Yes 03/27/20	When the provider can provide a diagnosis of COVID-19, U07.1, the diagnosis should be billed on the claims for the E&M visit. However, since the initial visit is to diagnose the patient, the COVID-19 is not expected to be available at the time of the visit. When the COVID-19 diagnosis is not available, the E&M code should be billed with one of the appropriate ICD-	

Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of HCPS U0002 or CPT 87635 (COVID testing) and, in the outpatient setting, the associated E&M visit (with diagnosis code of U07.1).			
In situations where HCPS U0002 or CPT 87635 is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?			
Follow Consensus Direction?		**Follow coding guidelines of the health plan and submit the claim with the appropriate diagnosis after the testing has come back. (CDC COVID-19 coding guidelines)** • **Dx Code U07.1 cannot be used until April 1st and should not be used on a claim unless a positive testing result is returned.** • **HCPS U0002 is for dates of service on or after February 4, 20200 and CPT 87635 for dates of service after March 13.** **When coding a COVID claim, providers are not able to differentiate between the following two COVID Dx scenarios: 1) E&M visit is related to COVID testing, and 2) E&M visit is related to COVID care once the testing is completed. The health plan will need to make this determination. Some health plans may pend these claims for manual processing so that they can determine which claim is paid under the order and which is paid under the patient's standard benefits.**	
		10 diagnosis codes related to possible COVID-19 exposure as defined by the CDC. Premera will waive the cost share associated with the initial E&M visit when the visit is billed on the same claim as the COVID-19 lab testing. When the E&M visit is billed separately, a review will be done to identify the testing related visit. When the related visit is not identified, the E&M claim will be adjusted as identified by the provider or the member.	
Providence	Yes 04/01/20	No cost share for E&M visits associated with testing billed with HPCS codes U0001, U0002 or CPT code 87365, regardless of dx code.	
Regence	Yes 03/27/20	The associated E&M visit should be billed with diagnosis code U07.1. There may be additional recommended billing guidelines as we begin to receive more COVID-19 coded claims.	
UHC			