If a claim was billed for COVID testing after the order (March 5th) and it was billed with an incorrect code how should it be rebilled so that it is adjudicated under the order?			
Follow Consensus Direction?		**To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes.** (CDC COVID-19 coding guidelines)	
Aetna	Yes 03/27/20	To the extent a claim was submitted with incorrect coding and reimbursement was not received in accordance with the OIC's COVID19 Emergency Order, please submit a corrected claim. For Coding Guidelines, see Aetna's Response to the previous question.	
Amerigroup	Yes 03/27/20	Amerigroup COVID under "Provider Resources & Documents" includes instructions on submission of corrected claims.	
CHPW	Yes 03/27/20		
Cigna			
Coordinated Care	Yes 03/27/20	If the provider feels the claim was not adjudicated probably based on evolving guidance, they can submit a corrected claim within the timeframes specified in their contract or in our Provider Handbook for reprocessing. They may also call our Customer Service Center to ask us to review their claim if they don't feel it was processed correctly as billed.	
First Choice (TPA and PPO)	Yes 04/01/20	Please follow the corrected claim process and submit a corrected claim with the appropriate coding.	
HCA – Apple Health			
KP-NW	Yes 03/27/20	If a claim was coded incorrectly and does not have the expected adjudication aligning with the COVID-19 emergency order, please follow the normal process to submit a revised claim for re-adjudication or to follow the provider reconsideration process, as appropriate.	
KP-WA			
Labor & Industries			
Medicaid FFS	Yes 03/27/20	The addition of the CR modifier to the claim will allow the claim to pay.	

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Follow Consensus Direction?		**To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes.** (CDC COVID-19 coding guidelines)	
Molina	Yes 04/01/20	Providers should submit a corrected claim and include one of the following ICD-10's: B97.29, U07.1, Z03.818, Z20.828	
Pacific Source			
Premera	Yes 03/27/20	This Probably depends on whether the claim was paid or denied or something else. More than likely the diagnosis and lab test codes were not established for some of the prior submissions so if the claim was paid, I am not sure they need total resubmit. If the claim was denied, I think the reason for the denial would determine whether to rebill or not. If the "rebill" reason is to remove member cost share, then the provider should be coding the claim correctly. If services were performed after the date of the order (3/5/2020 WA, 3/3/2020 AK), then the provider could rebill using the new COVID-19 lab testing codes U0001, U0002. If the services were performed prior to the date of the order, there would be no adjustment needed as the cost shares are being waived if services are performed as of the date of the order.	
Providence	Yes 04/01/20		
Regence	Yes 03/27/20	Providers must bill as directed by the CDC interim guidelines (https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf) or with the new ICD-10 code (U07.1). We expect anticipate corrected claims may need to be submitted.	
UHC			