

MEMORANDUM

DATE: APRIL 22, 2020

SUBJECT: **UPDATED:** CORONAVIRUS (COVID-19): DMHC COMPLIANCE, CDC CODING, CMS AND AMA
LABORATORY TESTING GUIDELINES

Please be advised that effectively immediately, the Department of Managed Health Care (DMHC) has issued All Plan Letter, [APL 20-006 COVID-19 Screening and Testing](#), in response to California's declared State of Emergency to ensure that cost does not prevent member's access to medically necessary screening and testing for COVID-19. In summary, the APL outlines the following provisions:

- Waiver of Cost-Sharing Amounts
 - No Co-Pays, Coinsurance or Deductibles for all medically necessary screening and testing related to COVID-19 in the following locations including hospital and emergency department, urgent care visits, and provider office visits
- Ensuring Members Have Timely Access to Care
 - No surprise or balance billing for all medically necessary related services and treatment related to COVID-19
 - No prior authorization is required for services directly pertaining to COVID-19 from networked providers

Please Note: Claims should be submitted with medical records referencing the medical necessity for COVID-19 treatment to prevent any delays in payment.

Additionally, The Centers for Disease Control and Prevention (CDC) has provided [official coding guidance related to COVID-19 encounters](#) listed below:

- Any related confirmed services should include diagnosis code of B97.29, Other coronavirus as the cause of diseases classified elsewhere and **must** be included with any of the below codes
 - J12.89, Other viral pneumonia
 - J40, Bronchitis, not specified as acute or chronic
 - J20.8, Acute bronchitis due to other specified organisms
 - J22, Unspecified acute lower respiratory infection
 - J98.8, Other specified respiratory disorders
 - J80, Acute respiratory distress syndrome
- Any related possible exposure to COVID-19
 - 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

Please Note: Diagnosis Code B34.2, Coronavirus infection, unspecified, **must not** be used to code for COVID-19, as the site would not be "unspecified" as the cases have universally been respiratory in nature.

UPDATE: DHCS has implemented diagnosis code of U07.1, 2019-nCoV acute respiratory disease for diagnosis related to the novel COVID-19 for dates of service on or after April 1, 2020.

The Centers for Medicare & Medicare Services (CMS) has developed [new procedure codes related to COVID-19 Lab tests](#)

- Any related services for COVID-19 testing must include the following HCPCS and CPT Codes
 - U0001, bill for tests and track new cases of the virus SARS-CoV-2
 - U0002, bill for tests for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
 - 87635, infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), amplified probe technique

UPDATE: The American Medical Association (AMA) has implemented two new CPT codes associated with antibody testing for COVID-19.

- 86328, immunoassay for infectious agent antibody(ies) qualitative or semiquantitative, single step method (e.g. 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)

A copy of this memo is available on the MedPOINT Management (MPM) web portal with access to all links referenced in this memo.