







COVID-19 Billing Codes Update

Claims and Billing Updated 3.17.2020

All Providers

Any COVID-19 related claims should have the phrase 'COVID-19' in box 23 on both UB and CM1500 forms to facilitate tracking.

Please see the sections on the following page for information pertinent to your group or practice.

Any additional rates will be determined by further CMS and/or state-specific guidance and communicated when available.

Restrictions

Telephonic BH visits must consist of live voice conversation with the patient. Asynchronous or "store and forward" visits are not payable under this provision.

Telephonic BH visits must take place during normal business hours as if the provider's office were open and the member were able to attend the visit in person. Services must be provided by a practitioner who is contracted with the MCO and within the practitioner's normally allowed scope of practice.

The originating site HCPCS code Q3014 is not billable for these services since the normal office visit payment is to be made instead.

Instructions

- Providers should bill with location code 02
- Any modifiers that would be billed typically, should still be included
- All of these codes should be billed as they were prior to the COVID-19 emergency

If you have further question, please visit <u>www.westernskycommunitycare.com</u>, contact your Provider Rep or call Provider Services at 1-844-738-5019.

Thank you,

Western Sky Provider Relations

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Labs Updated 3.17.2020

The codes below for COVID-19 billing will configured by Western Sky on April, 1 2020 and will cover dates of service from February 4, 2020.

Code	Description	Medicaid FFS Rate
U0001	CDC lab tests for SARS-CoV-2 (COVID-19)	\$35.92
U0002	Non-CDC lab tests for SARS-CoV-2/2019-nCoV (COVID-19)	\$51.33
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)	To be determined; manually price until rate is established

Physical Health Updated 3.17.2020

In an effort to encourage telephonic visits the following codes have been made publish along with payment rates. These codes will remain valid through the duration of the emergency.

Code	Description	Medicaid FFS Rate		
Physician Telep	Physician Telephone Services			
99441	Telephone Evaluation and Management (E&M)	\$55.34		
	service provided by a physician to an established			
	patient, parent or guardian not originating from a			
	related E&M service provided within the previous 7			
	days nor leading to an E&M service or procedure			
	within the next 24 hours or soonest available			
	appointment – 5-10 minutes of medical discussion			
99442	Same as above – 11-20 minutes of medical discussion	\$101.71		
99443	Same as above – 21-30 minutes of medical discussion	\$135.63		
Non-Physician	Telephone Services			
98966	Telephone assessment and management service	\$12.05		
	provided by a qualified non-physician health care			
	professional to an established patient, parent or			
	guardian not originating from a related assessment and			
	management service provided within the previous 7			
	days nor leading to an assessment and management			
	service or procedure within the next 24 hours or			
	soonest available appointment – 5-10 minutes of			
	medical discussion			
98967	Same as above – 11-20 minutes of medical discussion	\$23.78		
98968	Same as above – 21-30 minutes of medical discussion	\$34.88		
Interprofession	Interprofessional Consultation Codes			
99451	Reported by the consultant, allowing him/her to access	\$33.25		
	data/information through the electronic health record,			
	in addition to telephone or internet – 5 minutes			









99452	Reported by the requesting/treating physician or	\$33.25
	qualified health provider (e.g. the PCP) – 30 minutes	
Real-Time I	Interactive Audio/Video	
99421	Non face-to-face online digital E&M service for an	\$39.59
	established patient, for up to 7 days cumulative time	
	during the 7 days – 5-10 minutes	
99422	Same as above – 11-20 minutes	\$65.66
99423	Same as above – 21 or more minutes	\$96.31
Other Telek	nealth Codes – Assessing and Monitoring	
G2010	Remote evaluation of recorded video and/or images	\$11.52
	submitted by an established patient (e.g., store and	
	forward), including interpretation with follow-up with	
	the patient within 24 business hours, not originating	
	from a related E&M service provided within the	
	previous 7 days nor leading to an E&M service or	
	procedure within the next 24 hours or soonest	
	available appointment	
G2012	Brief communication technology-based service (e.g.,	\$13.03
	virtual check-in) by a physician or other qualified	
	health care professional who can report E&M	
	services, provided to an established patient, not	
	originating from a related E&M service provided	
	within the previous 7 days nor leading to an E&M	
	service or procedure within the next 24 hours or	
	soonest available appointment – 5-10 minutes of	
	medical discussion or just "brief check-in by	
	MD/QHP" for short, used in medical care.	
G2061	Qualified non-physician healthcare professional online	\$10.90
	assessment, for an established patient, for up to 7	
	days, cumulative time during the 7 days – 5-10	
	minutes	
G2062	Same as above – 11-20 minutes	\$19.20
G2063	Same as above – 21 or more minutes	\$30.07

Behavioral Health Updated 3.17.2020

The listed below are eligible for telephonic visits. They will be paid as if the member visited the office. This will remain an option until the termination of the emergency.

BH Telephonic Visits – Authorized Codes						
90832	90833	90834	90836			
90837	90838	90839	90840			
90846	90847	90849	H0049			
H0050	G0175	S0220	G0444			









G0443	G0406	G0407	G0408
H0015	H0025	H0031	H0038
H0039	H2000	H2011	H2015
H2033	T1001	T1007	90785
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
99221	99222	99232	99231
99233	99241	99242	99243
99244	99245	99406	99407
Rev Code 0513			