

Provider Bulletin

August 2020

COVID-19 and Telehealth Billing Guide for Medi-Cal Managed Care

Anthem Blue Cross (Anthem) is closely monitoring COVID-19 developments and what it means for our customers and health care provider partners. Anthem will continue to follow policies from the Department of Health Care Services (DHCS).

To help address care providers' questions, Anthem has developed the following temporary billing guidelines for Medi-Cal Managed Care (Medi-Cal) providers in the Anthem network during this state of emergency.

Diagnosis codes

Please follow the below CDC guidance for diagnosis coding for COVID-19 claims. For patients showing any COVID-19 signs/symptoms (such as cough, fever, etc.) and where a definitive diagnosis has not been established, assign codes for the Signs & Symptoms (S&S). For example:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

Diagnosis	Dates of service prior to April 1, 2020	Dates of service after April 1, 2020	
Pneumonia caused by confirmed COVID-19	J12.89 — Other viral pneumonia and B97.29 — Other coronavirus as the cause of diseases classified elsewhere	J12.89 — Other viral pneumonia and U07.1 – COVID-19	
Acute bronchitis caused by confirmed COVID-19	J20.8 — Acute bronchitis due to other specified organisms and B97.29 — Other coronavirus as the cause of diseases classified elsewhere	J20.8 — Acute bronchitis due to other specified organisms and U07.1 — COVID-19	
Bronchitis not otherwise specific (NOS) caused by confirmed COVID-19	J40 — Bronchitis, not specified as acute or chronic and B97.29 — Other coronavirus as the cause of diseases classified elsewhere	J40 — Bronchitis, not specified as acute or chronic and U07.1 — COVID-19	
Lower respiratory infection NOS or acute respiratory infection NOS caused by confirmed COVID-19	J22 — Unspecified acute lower respiratory infection and B97.29 — Other coronavirus as the cause of diseases classified elsewhere	J22 — Unspecified acute lower respiratory infection and U07.1 — COVID-19	
Respiratory infection NOS caused by confirmed COVID-19	J98.8 — Other specified respiratory disorders and	J98.8 — Other specified respiratory disorders and	

https://mediproviders.anthem.com/ca

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Diagnosis	Dates of service prior to April 1, 2020	Dates of service after April 1, 2020	
	B97.29 — Other coronavirus as the cause of diseases classified elsewhere	U07.1 — COVID-19	
Acute respiratory distress syndrome (ARDS) caused by confirmed COVID-19	J80 — Acute respiratory distress syndrome and B97.29 — Other coronavirus as the cause of diseases classified elsewhere	J80 — Acute respiratory distress syndrome and U07.1 — COVID-19	
Possible exposure to COVID-19 but ruled out	Z03.818 — Encounter for observation for suspected exposure to other biological agents ruled out	Z03.818 — Encounter for observation for suspected exposure to other biological agents ruled out	
Confirmed exposure to COVID-19	Z20.828 — Contact with and (suspected) exposure to other viral communicable diseases	Z20.828 — Contact with and (suspected) exposure to other viral communicable diseases	

Note: Diagnosis code B34.2 is not appropriate for COVID-19 cases.

Source: https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

COVID-19 lab tests

Per DHCS guidance, Anthem is covering the below codes for COVID-19 testing. Please note that IPAs/PMGs that are at risk for labs will be responsible for all COVID-19 tests.

HCPCS/CPT	Description	DHCS rate
U0001	CDC 2019 novel coronavirus test	\$35.91
U0002	Non-CDC 2019 novel coronavirus test	\$51.31
87635	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2	\$51.31
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(sars-cov-2/Covid-19)any specimen source	\$23.46
G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2(sars-cov-2/Covid-19)from individual skilled nursing	\$25.46
86318	Immunoassay for chemical constituent	\$14.10
86328	Immunoassay for infectious agent antibody(ies) qualitative semiquantitative, single step method(eg, reagent strip)	\$45.23
86769	Antibody; Severe Acute Respiratory Syndrome Coronavirus 2 (sars-cov-2) (Coronavirus disease-Covid-19)	\$42.13
86602	Antibody; actinomyces	\$10.05
86635	Coccidioides (For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}]	\$10.24
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.	\$100
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.	\$100

HCPCS/CPT	Description	DHCS rate
C9803	Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome(sars-cov-2)(Covid-19)any spec	\$22.99
87426	Infectious agent antigen detection by immunoassay technique (eg,enzyme immunoassay(eia)enzyme-linked immunosorbent	\$35.33

Telehealth for professional providers

Please follow the DHCS guidelines for billing virtual and telephonic visits including specific documentation in the medical records that satisfies the requirements of the CPT or HCPCS code utilized.

Place of service **02** should be billed for all telehealth visits with the exception of clinic visits and visits billed on a CMS1450/UB04.

Type of service	Code(s)	Description	Modifiers
Virtual communication	G2010 G2012 G0071	Remote evaluation and brief communication	95 or GQ
Evaluation and management	99201-99205 99211-99215 99381-99385 99391-99395	Evaluation and management sick and well visits	95 or GQ
Behavioral health	90791-90792 90832-90838 90853 90863	 Psychiatric evaluations Psychotherapy Group psychotherapy Pharmacologic management 	95 or GQ
Behavioral health for autism and related disorders	H2012 H2014 H2019 H0031 H0032	Family guidance, treatment and assessment	95 or GQ
E-consults	99451	Inter-professional e-consult	GQ
Originating site	Q3014	Telehealth originating site facility fee	95 or GQ
Transmission	T1014	Telehealth transmission per minute	95 or GQ
FQHC*/RHC** clinic visit	T1015	Telehealth clinic visit	SE
IHC [†] clinic visit	T1015	Telehealth IHC visit	SE

^{*} Federally Qualified Health Center

Sources: March 18, 2020, "Supplement to All Plan Letter 19-009" https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf

Medi-Cal payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) https://www.dhcs.ca.gov/Documents/COVID-19/
Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf

^{**} Rural Health Clinic

[†] Indian Health Clinic