

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
05/01/2023	04/01/2027	ABHIL-RP-0031	
Policy Name		Department	
COVID-19 Services		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of COVID-19 related services. This policy aligns with guidance from the Centers for Medicare & Medicaid Services (CMS), AMA CPT Coding Guidelines as well as with HCPCS Coding Guidelines for coding and reporting of COVID-19 related services.

B. Overview

This policy outlines the coding and editing guidelines for reporting of various COVID-19 related services and applies to all professional and facility claim types. Coronavirus Disease 2019 (COVID-19) is a contagious respiratory illness caused by the novel coronavirus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The virus primarily spreads through respiratory droplets and can result in a wide range of clinical presentations, from asymptomatic infection to severe respiratory illness, systemic complications, and death. COVID-19 may affect multiple organ systems and can result in both acute illness and post-acute sequelae.

Laboratory Services

When nucleic acid based viral testing for SARS-CoV-2 is reported by any provider, one unit is the maximum allowed per day, unless additional units are reported with the 59 modifier to indicate testing of separate samples from the same patient. *Effective 11/01/2023*

Vaccine Services

Administration of a COVID-19 vaccine inside the patients' home is a reimbursable service when another vaccine administration has not been reported by any provider on the same date of service.

When reporting a pediatric administration of a COVID-19 vaccine, services will be denied if the patient age on the date of service does not correlate to the required patient age range of 5 through 11 years of age. **Note: Code range has been deleted from the AMA CPT code set as of 11/01/2023*

According to CMS policy and the Food and Drug Administration (FDA), certain COVID-19 monoclonal antibodies and their administration are not authorized for use in the United States. As a result, any claims reporting unauthorized COVID-19 vaccines and/ or administration services as listed in this policy will be denied. *Effective 11/01/2023*

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.



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Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Food and Drug Administration (FDA)	The U.S. federal agency responsible for regulating drugs, biological products, medical devices and food to ensure the safety, efficacy and security.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT code set. Examples include ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Level II HCPCS codes were established to allow these products, supplies and services to be reported for reimbursement.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Modifier	A two-digit code (numeric or alphanumeric) reported along with an applicable CPT or HCPCS code to provide greater detail about the service performed, explaining special circumstances, location, or that the service was altered without changing the code’s basic definition.



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D. Reimbursement Guidelines

ABH IL will only reimburse for COVID-19 related services when appropriately reported.

Appropriate reporting includes

- Vaccine administration provided inside the patients’ home is the only vaccine administration reported on the specific date of service
- Unauthorized COVID-19 vaccines and/ or vaccine administration codes are not reported
- Reporting a pediatric vaccine administration code for patients between 5 through 11 years of age
- A maximum unit of one per day is reported for nucleic-acid based SARS-CoV-2 viral tests by any provider
- The 59 modifier is appended to additional nucleic-acid based SARS-CoV-2 viral tests by any provider on the same date of service to indicate a testing for a separate sample from the same patient

Claims that are submitted will be denied when

- Vaccine administration provided inside the patients’ home is reported on the same date of service as any other vaccine administration code
- Unauthorized COVID-19 vaccines and/ or vaccine administration codes are reported
- Pediatric vaccine administration codes are reported for patients younger than 5 years of age or 12 years of age and older
- 2 or more units per date of service is reported for nucleic-acid based SARS-CoV-2 viral tests by any provider without appending the 59 modifier to additional units

The medical record documentation is expected to support the specific CPT, HCPCS code(s), ICD-10-CM codes and modifiers reported.

E. Codes/Condition of Coverage

Applicable Vaccine Administration Code

M0201	Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home
0071A 0072A 0073A 0074A	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) – Administration; <i>*Note: Code range has been deleted from the AMA CPT code set as of 11/01/2023</i>

Applicable Nucleic Acid Testing Codes

87635	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
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87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC

Unauthorized COVID-19 Vaccine Codes

91300	91306	91309	Q0221	Q0243	Q0247
91301	91307	91311	Q0222	Q0244	
91305	91308	Q0220	Q0240	Q0245	

Unauthorized COVID-19 Administration Codes

0001A- 0004A	0064A	0091A-0094A	M0240-M0241
0011A- 0013A	0071A-0074A	0111A-0113A	M0243-M0248
0051A-0054A	0081A-0083A	M0220-M0223	

Modifier

59	Distinct Procedural Service
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F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Revision	04/01/2026	Update policy template; no content changes
Revision	11/01/2023	Guidance added for COVID-19 vaccines & administration and nucleic- acid based viral tests (effective 11/01/2023)
Effective Date	05/01/2023	

H. Resources

1. American Medical Association. *CPT Professional Edition 2026, AMA*; 2025.
2. American Medical Association. *HCPCS Level II Professional 2026, AMA*; 2025.
3. Centers for Medicare & Medicaid Services. (2026, March 13). *COVID-19 vaccine provider toolkit, COVID-19 Monoclonal Antibodies*. U.S. Department of Health and Human Services. <https://www.cms.gov/covidvax-provider>
4. Illinois Department of Healthcare and Family Services. (2023). *COVID-19 fee schedule effective September 15, 2023*. <https://hfs.illinois.gov/coronavirus.html>