

AETNA BETTER HEALTH® OF VIRGINIA

COVID-19 Billing Reference Guide

Updated May 27, 2021

Based on guidelines from the Virginia Department of Medical Assistance Services (DMAS), Aetna Better Health of Virginia will cover medically necessary services to treat or alleviate symptoms related to COVID-19. The CDC has provided [Official Coding Guidelines](#) for health care claims and deaths related to COVID-19. This billing reference will provide additional information, including specific codes, relating to COVID-19 testing and telehealth services.

Billing for COVID-19 Testing

CPT code for laboratory testing for COVID-19:

- CPT code 87635 effective March 12, 2020
- CPT codes 86328, 86769 effective August 9, 2020
- CPT code 86413 effective September 8, 2020

Coverage of COVID-19 Antibody and Viral Neutralizing Laboratory Testing:

- 86408 effective August 10, 2020
- 86409 effective August 10, 2020
- 86413 effective September 8, 2020
- 0224U effective June 25, 2020
- 0226U effective August 10, 2020

Coverage of COVID-19 Multiplex Laboratory Testing:

- 87428 effective November 10, 2020
- 87636 effective October 6, 2020
- 87637 effective October 6, 2020
- 87811 effective October 6, 2020
- 0202U effective May 20, 2020
- 0223U effective June 25, 2020
- 0225U effective August 10, 2020
- 0240U effective October 6, 2020
- 0241U effective October 6, 2020

HCPCS codes for COVID-19 laboratory testing with effective dates of service on or after March 12, 2020:

- HCPCS code U0001 (CDC testing for COVID-19)
- HCPCS code U0002 (non-CDC testing for COVID-19)
- HCPCS codes covered as of March 18, 2020:
 - U0003
 - U0004
 - G0179
 - G0180
 - G0181
- Covered as of November 5, 2020:
 - 87426
- Covered as of January 1, 2021:
 - U0005

Billing for COVID-19 Vaccine Administration

- The Centers for Medicare and Medicaid Services has indicated providers not to incur cost for vaccines. **Providers cannot bill for vaccine products if they received it for free**, although reimbursement of administration codes are available, as per below.
- As of the publication of this billing reference, there are two new vaccine products and four new vaccine administration codes.
- The CPT codes below are subject to FDA approval with effective dates of **December 10, 2020**.
- Virginia DMAS is aligning the Medicaid reimbursement rates with Medicare.
 - **91300**: Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
 - Pfizer NDC: 59267100002 – 30 mcg – billing unit: 5, billing unit pkg 975
 - Pfizer NDC: 59267100003 – 30 mcg – billing unit: 5, billing unit pkg 125
 - **0001A**: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose. Reimbursement rate effective 12/10/2020 = \$16.94. Effective 04/01/2021 = \$40.00
 - **0002A**: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose. Reimbursement rate effective 12/10/2020 = \$28.39. Effective 04/01/2021 = \$40.00
 - **91301**: Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
 - Moderna NDC: 80777027399 – 100 mcg – billing unit: 10, billing unit pkg 100
 - **0011A**: Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose. Reimbursement rate effective 12/10/2020 = \$16.94. Effective 04/01/2021 = \$40.00
 - **0012A**: Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose. Reimbursement rate effective 12/10/2020 = \$28.39. Effective 04/01/2021 = \$40.00
 - **91303**: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use
 - **0031A**: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, single dose. Reimbursement rate effective 12/10/2020 = \$28.39. Effective 04/01/2021 = \$40.00
- Monoclonal Antibodies:
 - **Q0239**: Injection, bamlanivimab, 700 mg (Eli Lilly). Vaccine reimbursement: \$0.00 – provided free of charge by Federal government, non-covered effective 04/17/2021
 - **M0239**: Intravenous infusion, bamlanivimab (Eli Lilly). Vaccine administration reimbursement rate effective 11/10/2020 = \$309.60, non-covered effective 04/17/2021

- **Q0243:** Casirivimab and Imdevimab (Regeneron). Vaccine reimbursement: \$0.00 – provided free of charge by Federal government.
- **M0243:** Injection Casirivimab and Imdevimab, 2400 mg. Vaccine administration reimbursement rate effective 11/10/2020 = \$309.60
- **Q0245:** Bamlanivimab and Estesevima (Eli Lilly). Vaccine reimbursement: \$0.00 – provided free of charge by Federal government.
- **M0245:** Intravenous infusion, Bamlanivimab and Etesevimab, includes infusion and post administration monitoring (Eli Lilly). Vaccine administration reimbursement rate effective 02/09/2021 = \$309.60

Coverage of Targeted Services Delivered Via Telehealth

To maximize access to medically necessary services during this public health emergency, DMAS has expanded coverage of telehealth as a service delivery method. Medicaid-covered services that are delivered via telehealth will be reimbursed where the following conditions are met:

- Providers shall submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service delivered.
- Providers need to update their systems and procedures as soon as possible to enable the use of modifiers (GT or GQ) or telehealth place of service (POS) 02, Telehealth when billing for services delivered via telehealth.
- Providers using telehealth POS 02 or modifiers for telehealth services covered under the prior policy shall continue to use the modifier GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or POS code 02 when billing for services delivered via telehealth.
- Both services delivered via telehealth and billed using telehealth modifiers, and services delivered via telehealth and billed without telehealth modifiers will be reimbursed at the same rate as the analogous service provided face-to-face.
- The Office of Civil Rights at the Department of Health and Human Resources stated, “All services that a covered health care provider, in their professional judgement, believes can be provided through telehealth in the given circumstance of the current emergency, are covered.” A link to the notice and related guidance is available [here](#).

Extended Service Authorizations

CCC Plus and EPSDT Services– Extend SA through August 31, 2020		
HCPCS Code	Mod	Description
T1019		Agency directed personal care
S5126		Consumer directed personal care
T1005		Agency respite
S5150		Consumer directed respite
S9125	TE	Skilled respite
S5160		PERS installation
H2021		PERS nursing
S5161		PERS monitoring
S5185		PERS medication monitoring
S9123		EPSDT Private Duty Nursing-RN
S9124		EPSDT Private Duty Nursing-LPN
G0493		EPSDT Private Duty Nursing-Congregate-RN
G0494		EPSDT Private Duty Nursing-Congregate-LPN

Scans

Waive SA through August 31, 2020		
CPT	Mod	Description
71250		Computed Tomography, Thorax; without contrast
71260		Computed Tomography, Thorax; with contrast
71270		CT Thorax w/o & w/dye
71275		CT Angiography Chest

Home Health

Service Authorization Waived for Home Health through August 31, 2020	
Revenue Code	Description
0550	Skilled Nursing Assessment
0551	Skilled Nursing Care, Follow-up Care
0559	Skilled Nursing Care, Comprehensive Visit
0571	Home Health Aide Visit
0424	Physical Therapy, Home Health Assessment
0421	Physical Therapy, Home Health Follow-up Visit
0434	Occupational Therapy, Home Health Assessment
0431	Occupation Therapy, Home Health Follow-up Visit
0444	Speech-Language Services, Home Health Assessment
0441	Speech-Language Services, Home Health Follow-up Visit
0542	Non-Emergency Transportation, per mile

Durable Medical Equipment

Waive SA through August 31, 2020		
HCPCS Code	Description	Billing Unit
Respiratory		
A4604	Tubing with integrated heating element for use with positive airway pressure device	Each
A4608	Transtracheal oxygen catheter, each	Each
A7025	High Frequency chest wall oscillation system vest, replacement for with patient owned equipment, each	Each
A7026	High Frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Each
A7044	Oral interface used with positive airway pressure device, each	Each
E0430	Portable Gaseous Oxygen System, purchase, Includes Regulator, flowmeter, humidifier, cannula or mask, and tubing	Each
E0433 RR	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and gauge	Day
E0435	Portable liquid oxygen system, purchase, includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	Each
E0441	Stationary oxygen contents, gaseous, 1 month supply = 1 unit	1 Unit
E0444	Portable oxygen contents, liquid, one month's supply = 1 unit	1 Unit
E0445	Oximeter device for measuring blood oxygen levels, non-invasively	Each
E0445 RR	Oximeter device for measuring blood oxygen levels, non-invasively	Day
E0447	Portable oxygen contents, liquid, one month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	1 Unit
E0457	Chest shell (cuirass)	Each
E0457 RR	Chest shell (cuirass)	Day

Waive SA through August 31, 2020		
HCPCS Code	Description	Billing Unit
E0460	Negative pressure ventilator, portable or stationary	Each
E0461 RR	Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface	Each
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Each
E0465 RR	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Day
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Each
E0466 RR	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Day
E0467	Home Ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Each
E0467 - RR	Home Ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Day
E0470	Respiratory Assist Device, bi-level pressure capability, w/out backup rate feature, used w/noninvasive interface e.g. nasal or facial mask.	Each
E0470 RR	Respiratory Assist Device, bi-level pressure capability, w/out backup rate feature, used w/noninvasive interface e.g. nasal or facial mask.	Day
E0471	Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/noninvasive interface, e.g. Nasal or facial mask	Each
E0471 RR	Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/noninvasive interface, e.g. Nasal or facial mask	Day
E0472	Respiratory Assist Device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g. tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Each
E0472 RR	Respiratory Assist Device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g. tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Day
E0480	Percussor, Electric or Pneumatic, Home Model	Each
E0480 RR	Percussor, Electric or Pneumatic, Home Model	Day
E0482	Cough stimulating device	Each
E0482 RR	Cough stimulating device	Day
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Each
E0483 RR	High frequency chest wall oscillation system, includes all accessories and supplies, each	Day
E0500	IPPB Machine, all types, w/built-in nebulization; manual or automatic valves; internal or external power source	Each
E0500 RR	IPPB Machine, all types, w/built-in nebulization; manual or automatic valves; internal or external power source	Day
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Each
E0565 RR	Compressor, air power source for equipment which is not self-contained or cylinder driven	Day
E0575	Nebulizer, Ultra-Sonic large volume	Each
E0575 RR	Nebulizer, Ultra-Sonic large volume	Day
E0601	Continuous Positive Airway Pressure (CPAP) Device	Each

Waive SA through August 31, 2020		
HCPCS Code	Description	Billing Unit
E0601 RR	Continuous Positive Airway Pressure (CPAP) Device	Day
E0618	Apnea Monitor without recording feature	Each
E0619	Apnea Monitor with recording feature	Each
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Each
E1353	Regulator	Each
E1355	Stand/Rack	Each
E1372	Immersion external heater for nebulizer	Each
E1372 RR	Immersion Heater For Nebulizer	Day
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Each
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Each
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	Each
Diabetic supplies		
S5560	Insulin delivery device, reusable pen, 1.5 ml size	Each
S5561	Insulin delivery device, reusable pen, 3 ml size	Each
Enteral Nutrition		
B9002	Enteral Nutrition Infusion Pump, Any Type	Each
B9004	Parenteral nutrition infusion pump, portable	Each
B9006	Parenteral nutrition infusion pump, stationary	Each
E0791	Parenteral infusion pump, stationary, single or multichannel	Each
Blood pressure		
A4670	Automatic Blood Pressure Monitor	Each
Ostomy supplies		
A4387	Ostomy pouch, closed, with barrier attached, with built in convexity (one piece), each	Each
A5120	Skin Barrier Wipes or swabs, each	Each