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COVID-19 SNF TESTING AND BILLING GUIDANCE

Viral tests check samples from your respiratory system (such as swabs of the inside of the nose) to tell you if you currently have an infection with SARS-CoV-2, the virus that causes COVID-19. Some tests are point-of-care tests, meaning results may be available at the testing site in less than an hour. Other tests must be sent to a laboratory to analyze, a process that takes 1-2 days once received by the lab.

The Centers for Disease Control and Prevention (CDC) recently updated COVID-19 testing guidelines for nursing homes. The guidelines provide recommendations for diagnostic testing for residents and patients with symptoms consistent with COVID-19 as well as asymptomatic residents and patients who have been exposed to COVID, like in an outbreak.

Centers for Medicare & Medicaid Services (CMS) has established new Healthcare Common Procedure Coding System (HCPCS) codes for healthcare providers and laboratories to test patients for SARS-CoV-2 (COVID 19) and has instructed Medicare Administrative Contactors and notified Medicare Advantage plans to cover coronavirus disease 2019 (COVID-19) laboratory tests for nursing home residents and patients. This instruction follows the Centers for Disease Control and Prevention's (CDC) recent update of COVID-19 testing guidelines.

Two kinds of tests are available for COVID-19: viral tests and antibody tests.

- A viral test tells you if you have a current infection.
- An antibody test might tell you if you had a past infection. An antibody test might not show if you have a current infection because it can take 1–3 weeks after infection for your body to make antibodies.

Serology also known as antibody testing look for specific proteins that are made in response to an infection. In general, a positive antibody test is presumed to mean a person has been infected with SARS-CoV-2, the virus that causes COVID-19, at some point in the past. It does not mean they are currently infected.

There are different types of diagnostic tests and also different ways of processing those tests. Results can take as long as 10 minutes or as long as several days, as some of the labs that are processing the tests have a backlog and can take longer. Labs that use a high-throughput technology to process tests are usually able to rapid report within 1-2 days.

Recommended diagnostic testing includes [These Tests are Generally Covered]:

- *Initial viral testing due to an outbreak*
- *Viral Testing of Residents for SARS-CoV-2*
- *Recommended testing to determine Resolution of Infection with SARS-CoV-2*

Recommended non-diagnostic testing includes [These tests are generally Non-Covered]:

- *Viral and Antibody Testing for purposes of Contact Tracing*

TESTING

Nursing homes should establish who is responsible for performing specimen collection from residents and HCP and a process for specimen collection and transport. Medicare has different regulatory requirements for who may order a diagnostic test, furnish that test, and supervise the test. Throughout the duration of the COVID-19 public health emergency, CMS has established an interim final policy that

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provides an exception to this basic rule at 42 CFR 410.32(b)(1) to also allow nurse practitioners (NPs), clinical nurse specialists (CNSs), physician assistants (PAs) and certified nurse-midwives (CNMs) to provide the appropriate level of supervision assigned to a diagnostic test subject to applicable state law.

Please follow your individual state department of health guidelines for resident notification and consent and/or refusal for testing.

SPECIMEN COLLECTION

Medicare established two codes, G2023 [Specimen collect COVID-19] and G2024 [Spec collect SNF/Lab COVID-19], for specimen collection for COVID-19 clinical diagnostic laboratory tests. Independent clinical diagnostic laboratories can bill for specimen collection services as well as a travel allowance (HCPCS codes P9603 and P9604) when they collect specimens from beneficiaries who are homebound or residents of a nursing facility.

Swabbed specimens can also be collected by a Physician, a physician-supervised Health Care Professional (HCP), government relief agencies (such as The National Guard), trained laboratory staff and self-swabbing may be considered, when appropriate; the individual must be able to correctly self-swab and place the swab in transport media or sterile transport device and seal.

- Collection of Resident Specimens – The CDC states specimen collection should be performed one at a time, in each resident's room, with the door closed.
- Collection of HCP Specimens – The CDC recommends specimen collection should be performed one individual at a time, in a room with the door closed and no other individuals present, however, if these conditions are not available, open spaces (such as gymnasiums or outdoor areas) where sufficient space (at least 6 ft apart) can be maintained between swabbing stations, are also acceptable.

PHYSICIAN ORDERS

March 1, 2020, the need for Physician's Orders pertaining to COVID-19 testing of SNF residents has been waived and therefore a physician order is not required. During the public health emergency, for COVID-19 and related influenza or respiratory syncytial virus clinical diagnostic laboratory tests, Medicare has removed the requirement that the clinical diagnostic laboratory tests must be ordered by a treating physician or non-physician practitioner (NPP) who uses the tests in the management of the patient's specific medical problem. Details for this and other waivers pertaining to SNF COVID-19 testing can be found at https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

DOCUMENTATION

It should be documented in the resident chart that a collection for COVID Test was administered and specify if for diagnostic viral testing, symptomatic viral testing, determining resolution of infection or viral and antibody testing for purposes of contact tracing.

POSITIVE RESULTS

If the test comes back positive, the resident should be monitored by a nurse daily for signs, symptoms and disease progression. This is generally a skilled Medicare service and the patient should be able to be "skilled in place" and put on Medicare coverage. Please see our article on the 3 day stay waiver and documentation requirements, here.

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NEGATIVE RESULTS

SNFs should follow their state's Mitigation Plan Recommendations for COVID-negative residents. These plans may include (but not limit to) repeat testing for residents and staff and patient placement, either within the SNF or possible transfer to a facility/location free from COVID exposure.
CMS has published a Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes for reference, available here.

MDS AND REPORTING

An update to the MDS is not needed unless the resident is positive and is placed on a skilled stay under Medicare Part A, then a new MDS would be necessary.

Additionally, SNF's are now required to report COVID-19 cases in their facility to the CDC National Health Safety Network (NHSN) on a weekly basis, as well as, notify residents, their representatives and families of residents in facilities of the status of COVID-19 in the facility, which includes any new cases of COVID-19, as they are identified.

FINDING THE RIGHT LAB

The CDC recommends that SNFs choose laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) and should be selected for facility-wide testing intended to inform infection prevention initiatives to prevent and limit transmission.
Ideally, one laboratory should be selected to process specimens from both HCP and residents to facilitate data collection and analysis.

Unfortunately, neither CMS nor the CDC requires a laboratory to bill various insurance carriers and therefore many labs choose to bill the SNF directly. CMS recommends that the SNF make pre-arrangements with laboratories for processing results, before mass SNF-wide testing is completed. Under section 40.4 of the Medicare Claims processing manual Chapter 16 the SNF is permitted to bill Medicare Part B for laboratory tests when those tests are provided "under an arrangement" with the lab.

We note that this is applicable to patients in a non-Medicare Part A covered stay in a SNF and not to those residents in Medicare-Part A covered stays (whose bundled lab tests would be bundled to the SNF under Part A's SNF benefit).

LABORATORY BILLING FOR TESTING

CMS further advises that regular billing practices should still be followed, when possible, for symptomatic residents or asymptomatic residents who have been exposed (outside SNF-wide mass testing, such as in response to an outbreak).

Medicare Administrative Contactors (MACs) and Medicare Advantage plans have been notified by CMS to cover coronavirus disease 2019 (COVID-19) laboratory tests for nursing home residents and patients in accordance with CDC guidelines. Caution: CDC seems to change its guidelines absent notice.

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Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services. The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services.

Payment responsibility for testing employees during mass SNF-wide testing (not otherwise established in a contractual agreement with a lab) is the responsivity of each state and payment processes vary by state. While some states are providing test kits to SNFs for both residents and employees, some state-regulated health plans may deny laboratory processing claims for non-symptomatic medical necessity, leaving the SNF responsible for the bill. Some states are reserving government-provided test kits to be only for nursing home residents, despite orders for mandatory testing of workers. In some of those situations, employees were tested off-site by government-funded, free-of-charge testing sites to stay in compliance with state legislation for the frequency in which staff must be tested.

Employees that are symptomatic can choose to use their state regulated health plan and see their provider for testing or visit a government-funded testing site and should follow their SNF's policy for safe return-to-work guidance.

COVID CODES

Code	Description	DOS effective	Medicare Allowable	Type of test
U0001	2019-NCOV DIAGNOSTIC P	2/4/2020	Carrier APX $32	Viral
U0002 (QW)	COVID-19 LAB TEST NON-CDC	2/4/2020	Carrier APX $52	Viral
U0003	COV-19 AMP PRB HGH THRUPUT	4/14/2020	$100.00	Viral
U0004	COV-19 TEST NON-CDC HGH THRU	4/14/2020	$100.00	Viral
87635 (QW)	SARS-COV-2 COVID-19 AMP PRB	3/13/2020	Same as U0002	Viral
87426 (QW?)	CORONAVIRUS AG IA	6/25/2020	TBD	Viral
86328	IA NFCT AB SARSCOV2 COVID19	4/10/2020	42.13	Antibody
86769	SARS-COV-2 COVID-19 ANTIBODY	4/10/2020	45.23	Antibody

G2023*	Specimen collect COVID-19	3/1/2020	$23.46	Specimen Collection
G2024*	Spec collect SNF/Lab COVID-19	3/1/2020	$25.46	Specimen Collection

(QW) CLIA Waived tests https://www.cms.gov/files/document/r10066otn.pdf
(QW?) On June 25, 2020 the AMA approved CPT Code 87426 to be used for a new type of test for immunoassay testing for the SARS-Coronavirus antigen. These tests use a nasal swap and a portable machine generally used in a provider's place of service and yield results in minutes. As a Category I code, we believe this code is CLIA waived and billable by the SNF with an appropriate CLIA waiver. A fee schedule specific to this test is not immediately available.
*These codes are billable by a clinical laboratory.

The SNF may bill for those codes that are CLIA waived codes assuming the SNF has a CLIA waiver. In addition, the SNF may bill for those codes provided by a laboratory when the SNF has an "under arrangement" agreement with the laboratory. See section 40.4 of the Medicare Claims processing manual Chapter 16 for SNF Part B laboratory billing.

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SNF BILLING FOR TESTING – Medicare B

If the resident is NOT in a Part A stay and has Medicare B benefits, the lab can bill Medicare Part B directly for processing and also collection, if their technician collected the sample. If the SNF has an arrangement or contract to pay the lab the SNF may then bill Medicare B for reimbursement of the processing of the sample and for the collection, if collection was done and billed to the SNF by the lab. In the instance where the SNF collects the sample the SNF may NOT bill for the specimen collection fee. This fee is not CLIA waived and it is not provided by the lab under an arrangement.

Starting May 8, 2020 and effective for DOS on or after March 20, 2020 codes U0002 [COVID-19 LAB TEST NON-CDC] and 87635 [SARS-COV-2 COVID-19 AMP PRB] can be submitted by facilities with a valid, current CLIA waiver with the QW modifier.

SNF BILLING FOR TESTING – Medicaid

If the resident is on a Medicaid stay without Medicare Part B benefits contact your State Medicaid program.

SNF BILLING FOR TESTING – Uninsured

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), launched a new COVID-19 Uninsured Program Portal, allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 to submit claims for reimbursement. Providers can access the portal at coviduninsuredclaim.linkhealth.com.

SNF BILLING FOR TESTING – Medicare A

For Medicare Part A Stay residents, all lab tests and the specimen collection codes are bundled back to the SNF in accordance with SNF Consolidated Billing rules for diagnostic testing. If the resident is in a Medicare Part A Stay the swabbing (G2024) and testing (U0001, U0002, U0003, U0004) are bundled into the SNF Part A payment and you will need to pay the Lab for the type of test performed.

SNF BILLING FOR TESTING – Medicare Advantage

If your resident is under a Medicare Advantage Plan, under Section 6003 of the Families First Coronavirus Response Act and Section 3713 of the CARES Act, (with the exception of Medicare Advantage Medical Savings Account plans), Medicare Advantage Organizations (MAOs) must not charge cost sharing (including deductibles, copayments, and coinsurance) or apply prior authorization or other utilization management requirements for:

- Clinical laboratory tests for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 and the administration of such tests;
- Specified COVID-19 testing-related services (as described in section 1833(cc)(1)) for which payment would be payable under a specified outpatient payment provision described in section 1833(cc)(2); and
- COVID-19 vaccines and the administration of such vaccines, as described in section 1861(s)(10)(A)

Original Medicare and Medicare Advantage plans will cover COVID-19 lab tests consistent with CDC guidance.

For further information on COVID-19 Fee for service please see
https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf