

Updated information on COVID testing in the Skilled Nursing Facility

As many of you are now months into the testing and a significant number of facilities are testing twice a week we have outlined a couple of updates to the testing codes and reimbursement information for residents only.

COVERAGE

Medicare and Medicare Advantage both cover testing for COVID-19 beyond the initial baseline test if it is diagnostic. Diagnostic is defined as:

- Resident is symptomatic
- Resident has been exposed to someone with COVID-19
- There is a new outbreak in the facility
- Resident is being tested to determine resolution of infection

As of September 2, a physician's order is required for testing beyond the initial baseline test.

Testing for routine screening is not reimbursable. Routine screening is defined as testing for public health surveillance.

For Residents in a Part A stay the testing is bundled into the PDP payment and is not separately payable.

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

BILLING

CPT code 87426 is approved for the antigen point of care (POC) tests with rapid results, (BD veritor, Sofia2, BinaxNow card) and is billable to Part B by the SNF with an appropriate CLIA waiver. Reimbursement is carrier priced so please contact your MAC for pricing. Sample UB04 attached.

If you received the test kit for free; we do not believe that test can be billed.

For polymerase chain reaction (PCR) tests performed by the lab, the lab can bill directly for processing and collection, if their technician collected the sample. If the SNF has an arrangement or contract to pay the lab the SNF may then bill 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.



HAPPY VALLEY HOME
 3344 BLISS RD
 SPOKANE, WA 99212
 509-448-0000

3a PAT. CNTL # 1111
 b. MED. REC. # 1111
 4 TYPE OF BILL 0221
 5 FED. TAX NO. 11-1222333
 6 STATEMENT COVERS PERIOD FROM 102720 THROUGH 102720
 7

8 PATIENT NAME a) **DOE, JOHN**
 9 PATIENT ADDRESS a) **1122 DEAR RD**
 b) **SPOKANE** c) **WA** d) **99208** e)

10 BIRTHDATE 11 SEX 12 DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30
10181935 M 101819 12 3 4 30

31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37

38
DOE, JOHN
1122 DEAR RD
SPOKANE, WA 99208

39 CODE VALUE CODES AMOUNT 40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
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23	0001	PAGE 1 OF 1	CREATION DATE 120720	TOTALS	50.00		

50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI
MEDICARE PART A WASHING 020010049 Y Y

57 OTHER PRV ID 1112223334

58 INSURED'S NAME 59 P.REL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.
DOE, JOHN 18 XXXXXXXXXXXX

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 DX Z20828 R05 R0602 R509

69 ADMIT DX Z20828 70 PATIENT REASON DX
 74 PRINCIPAL PROCEDURE CODE DATE a. OTHER PROCEDURE CODE DATE b. OTHER PROCEDURE CODE DATE 75
 LAST NG FIRST HANNAH
 76 ATTENDING NPI QUAL
 77 OPERATING NPI QUAL
 LAST FIRST
 78 OTHER NPI QUAL
 LAST FIRST
 79 OTHER NPI QUAL
 LAST FIRST

80 REMARKS 81CC a) B2U b) c) d)