UnitedHealthcare COVID-19 billing guide

Current as of Dec. 29, 2020. Information in this guide is subject to change.

The information and codes described throughout these pages apply pursuant to federal requirements and UnitedHealthcare national policies during the national public health emergency period. Additional benefits or limitations may apply in some states and under some plans during this time. We will adjudicate benefits in accordance with the member’s health plan.
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General claim submission and billing process

For all provider types

1. You may submit a medical claim to UnitedHealthcare for reimbursement through our provider website.
2. In order to access secure content on UHCprovider.com or to access Link self-service tools to submit claims, you’ll need to create an Optum ID.
3. Next, visit UHCprovider.com/claims to learn how to submit a claim to UnitedHealthcare. This site has many tools and resources available to help you in this process including a Self-Paced User Guide.
4. For a deeper dive, attend a training session on how to submit a claim. You can sign up for an on-demand or live training session. Learn more at UHCprovider.com/claims > Claims on Link.
5. Begin submitting claims.

COVID-19 vaccine billing

Keeping you up-to-date on the latest developments for a COVID-19 vaccine is our top priority. We’re closely monitoring COVID-19 vaccine updates from state and federal governments and health care agencies.

Administration and submitting claims

Claims for Medicare Advantage members should be billed to the applicable CMS Medicare Administrative Contractor (MAC). Participating providers may bill the UnitedHealthcare medical benefit through our standard claims process. Pharmacists should submit their claims through their pharmacy platform. Reimbursement for vaccine services will be based on the provider’s contract rate. State Medicaid agencies may provide different guidance.

UnitedHealthcare does not require serum codes to be billed along with the vaccine administration fee codes unless your specific state requires it for tracking purposes. Please refer to your state specific website for more information.

Pharmacy claim submission and administrative costs

Claims for Medicare Advantage members should be billed to the applicable CMS Medicare Administrative Contractor (MAC). Pharmacies will be allowed to bill UnitedHealthcare directly for the costs associated with the administration of COVID-19 vaccines. Pharmacists administering the COVID-19 vaccine serum provided by the federal government should submit claims through their pharmacy claims platform.

The National Council for Prescription Drug Programs (NCPDP) has designated 2 submission clarification codes (SCC) for pharmacy billing as the differentiating value for the dose currently being administered. OptumRx® is updating its claims system to allow different reimbursement rates based on the submitted SCC and professional service code value from the pharmacy:

<table>
<thead>
<tr>
<th>SCC/PSC value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCC 2</td>
<td>Indicates initial dose</td>
</tr>
<tr>
<td>SCC 6</td>
<td>Indicates that the previous medication was a starter dose and additional medication is needed to continue treatment</td>
</tr>
<tr>
<td>“MA” (Medication Administered)</td>
<td>Indicates that pharmacies can submit claims with a DUR PPS code = MA to trigger an administration fee</td>
</tr>
</tbody>
</table>

Additional information on billing pharmacy claims can be found on the NCPDP website.
Currently approved AMA CPT® COVID-19 codes*

UnitedHealthcare aligns with American Medical Association (AMA) CPT coding for medical claims. When appropriate, health care professionals should use published AMA CPT codes when submitting COVID-19 vaccine and vaccine administration claims to UnitedHealthcare under the medical benefit.

Codes will be added to all applicable provider fee schedules as part of the standard quarterly code update and any negotiated discounts and premiums will apply to these codes. Codes will be added using the CMS published effective date and payment allowance as the primary fee’s source.

Modifiers are not required when submitting COVID-19 vaccine or vaccine administration. All UnitedHealthcare medical claims platforms are set up to take all places of service (POS) on the CMS POS list for vaccine codes.

*Codes are not yet effective for billing.

Vaccine billing resources
- CMS Enrollment for Administering COVID-19 Vaccine Shots
- CMS Medicare Billing for COVID-19 Vaccine Shot Administration
- CMS Coding for COVID-19 Vaccine Shots
- CMS COVID-19 Vaccine Shot Payment
- Roster Billing Guidance
- UnitedHealthcare COVID-19 Vaccine Guidance
- UnitedHealthcare COVID-19 Vaccine Member Center

COVID-19 testing and testing-related services

UnitedHealthcare will cover medically appropriate COVID-19 testing at no cost share during the national public health emergency period (currently scheduled to end Jan. 20, 2021) when ordered by a physician or appropriately licensed health care professional for purposes of the diagnosis or treatment of an individual member. Scope of practice requirements vary by state. In some states, a pharmacist or other health care professional, such as a nurse practitioner, may have the appropriate licensure to order a test.

- State and federal mandates, as well as self-insured customer benefit plan designs, may supersede the information listed below.
- Centers for Medicare & Medicaid Services (CMS) guidelines for place of service may vary.
- Cost share will be waived for testing and testing-related services through the national public health emergency period for physician-ordered test and test-related services specific to the diagnosis of COVID-19.
<table>
<thead>
<tr>
<th>Service</th>
<th>Code(s) to bill</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing-related services</td>
<td>ICD-10 code: Z03.818, Z20.828</td>
<td>Cost share will be waived for testing-related services when billed with diagnosis codes Z03.818 or Z20.828.</td>
</tr>
<tr>
<td></td>
<td>Place of service: (23) Emergency room (20) Urgent care (11) Office visits/telehealth (02) Telehealth as of Jan. 1, 2021</td>
<td></td>
</tr>
<tr>
<td>Specimen collection</td>
<td>HCPCS codes: G2023 and G2024</td>
<td>Cost share will be waived for COVID-19-specific specimen collection.</td>
</tr>
<tr>
<td></td>
<td>CPT® codes: 99001</td>
<td>Cost share will be waived for specimen collection, along with appropriate ICD-10 code of Z03.818 or Z20.828, if not billed with separate E&amp;M charges.</td>
</tr>
<tr>
<td></td>
<td>C9803</td>
<td>Outpatient hospital facility only</td>
</tr>
<tr>
<td>Office visit/telehealth</td>
<td>Standard E&amp;M code</td>
<td>Bill with appropriate E&amp;M code</td>
</tr>
<tr>
<td>COVID-19 laboratory testing</td>
<td>Testing lab codes</td>
<td>The laboratory must use a test that is developed and administered in accordance with the specifications outlined by the U.S. Food and Drug Administration (FDA) or through state regulatory approval. In addition:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratories must have a valid CLIA ID, as well as CLIA accreditation, compliance or registration certification level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use ICD-10 diagnosis code Z11.59 for billing COVID-19 testing for asymptomatic patients prior to inpatient admissions, planned outpatient procedures and immunosuppressant therapies.</td>
</tr>
</tbody>
</table>

**COVID-19 treatment**

- State and federal mandates, as well as self-insured customer benefit plan designs, may supersede the guidelines listed below.
- Centers for Medicare & Medicaid Services (CMS) guidelines for place of service may vary.
- Cost share waivers for COVID-19 treatment services vary by health plan. [Learn more](#).
- UnitedHealthcare aligns with American Medical Association (AMA) CPT coding for medical claims. Health care professionals should use published AMA CPT codes when submitting COVID-19 treatment claims to UnitedHealthcare.
- UnitedHealthcare will reimburse FDA-authorized COVID-19 treatments in accordance with applicable state laws and federal provisions, including the CARES Act and Emergency Use Authorization (EUA) guidance.
<table>
<thead>
<tr>
<th>Service</th>
<th>Code(s) to bill</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 treatment</td>
<td>Place of service: 02, 11, 15, 19, 20, 21, 22, 23, 31, 32, 41, 61, 81</td>
<td>Self-insured customer benefit plans vary based on client design, admissions, planned outpatient procedures and immunosuppressant therapies.</td>
</tr>
<tr>
<td></td>
<td>ICD-10 code: B97.29 or U07.1</td>
<td>COVID-19 diagnosis codes need to be billed in order for the cost share waiver to be applied.</td>
</tr>
<tr>
<td></td>
<td>Bamlanivimab:</td>
<td>For commercial and Medicaid health plans, when COVID-19 monoclonal antibody doses are provided by the government without charge, providers should only bill for the administration. Health care providers should not include the monoclonal antibody codes on the claim when the product is provided for free.</td>
</tr>
<tr>
<td></td>
<td>• HCPSC code: Q0239</td>
<td>For all Medicare beneficiaries, charges for COVID-19 monoclonal antibody infusion, including administration charges, should be billed to the Center for Medicare &amp; Medicaid Services (CMS) Medicare Administrative Contractor (MAC). The MAC will reimburse claims for Medicare beneficiaries with no cost share (copayment, coinsurance or deductible) for the remainder of 2020 and through 2021. For more information, visit the CMS Monoclonal Antibody COVID-19 Infusion page.</td>
</tr>
<tr>
<td></td>
<td>• Administration code: M0239</td>
<td>Any COVID-19 monoclonal antibody infusion claims for Medicare beneficiaries that are submitted to UnitedHealthcare will be denied, and health care professionals will be directed to submit the claims to the MAC.</td>
</tr>
<tr>
<td></td>
<td>Casirivimab + Imdevimab:</td>
<td></td>
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<tr>
<td></td>
<td>• HCPSC code: Q0243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Administration code: M0243</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>COVID-19 medical supply code</strong></td>
<td>• UnitedHealthcare’s Supply Policy and Professional reimbursement policies outline the methodology for covered medical expenses and surgical supplies under the following health plans:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Medicare Advantage</td>
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<tr>
<td></td>
<td></td>
<td>- Medicaid (Community Plan)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Individual and Group Market health plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• UnitedHealthcare considers CPT 99072 to be bundled with the related office visit. It is not separately reimbursable, whether or not an office visit is billed.</td>
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<tr>
<td></td>
<td>Personal protection equipment</td>
<td>Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a public health emergency, as defined by law, due to respiratory-transmitted infectious disease.</td>
</tr>
</tbody>
</table>
Resources

Providers should follow appropriate billing and coding guidelines when submitting claims. In addition to information available through billing vendors with whom they may already have a relationship, COVID-19 billing and coding information may also be available through the following suggested sites:

- EncoderPro
- CMS.gov
- AMA-assn.org

Provider information

- Summary of COVID-19 Dates by Program
- Acceleration of Claim Payments
- Extension of Timely Filing Limits
- CARES Act Information
- Provisional Credentialing
- Requirements to Practice in a New Location
- Changes to Prior Authorization Requirements
- Updates on Delayed Programs and Policies

As you work with patients

- Expanded Telehealth Access and Reimbursement
- Telehealth Coding Guide
- Member Cost-Share Waivers
- Assistance With Patient Discharge Planning
- Easier Access to DME and Supplies
- Suspension of HouseCalls/Optum at Home

Ongoing support

For additional support and questions, visit UHCprovider.com/contactus.

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We will adjudicate benefits in accordance with the member’s health plan.

Medicaid providers: UnitedHealthcare will reimburse out-of-network providers for COVID-19 testing-related visits and COVID-19-related treatment or services according to the rates outlined in the Medicaid Fee Schedule.

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