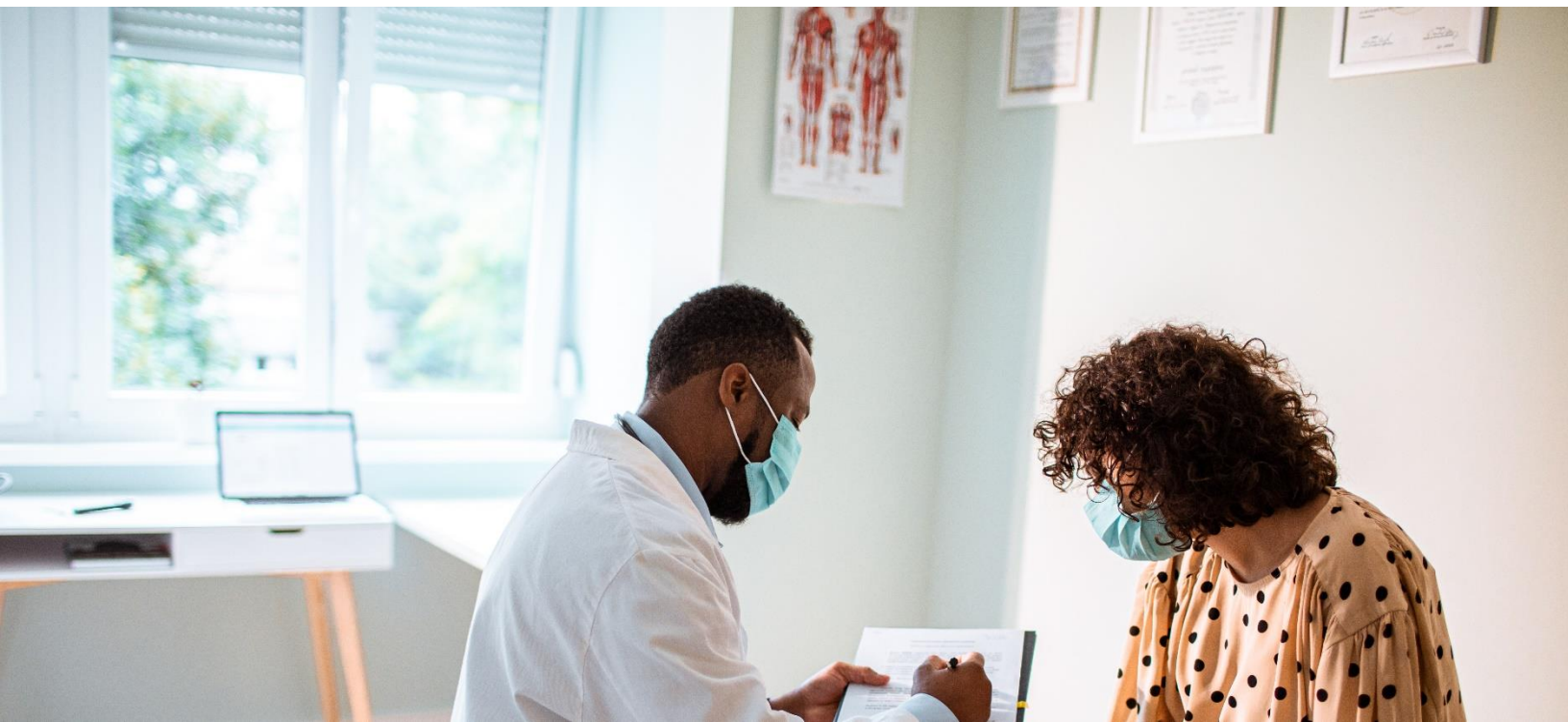




UnitedHealthcare COVID-19 billing guide



**United
Healthcare®**

Current as of **Feb. 26, 2021**. 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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Latest updates

NEW (Feb. 26, 2021) – New vaccine administration code added ([CPT® 91303 Janssen](#)).

Reminder: You should not bill UnitedHealthcare members at the time of service for any costs associated with the COVID-19 vaccine. Claims for vaccine administration should be submitted as outlined, based on the member's benefit plan. There is no cost to the member for the COVID-19 vaccine, and most plans are covering the administration of the COVID-19 vaccine at no cost share for the member.

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 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 claims submission | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health plan | Medical | Pharmacy |
| Medicare Advantage | For in- and out-of-network providers, bill claims to the applicable Centers for Medicare & Medicaid Services (CMS) Medicare Administrative Contractor (MAC) through 2021 . | For in- and out-of-network providers, bill claims to the applicable CMS Medicare Administrative Contractor (MAC) through 2021 . |
| Employer and Individual health plans, including Student Resources, short-term limited liability (STLD) and Exchange plans | UnitedHealthcare and self-funded customers cover the administration of COVID-19 FDA-authorized vaccines with no cost share for in- and out-of-network providers during the national public health emergency period, currently scheduled to end April 20, 2021. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates. | 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. |
| Medicaid | Participating providers may bill the UnitedHealthcare medical benefit through our standard claims process for vaccine administration . Participating pharmacists should submit their claims through their pharmacy platform. Reimbursement for vaccine administration will be based on the provider's contract rate. State Medicaid agencies may provide different guidance. | Pharmacies will be allowed to bill UnitedHealthcare directly for 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:

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

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 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 administration claims. All UnitedHealthcare medical claims platforms are set up to take all places of service (POS) on the CMS POS list for vaccine codes.

| Manufacturer | Vaccine dose CPT | National drug code | 1st Administration CPT | 2nd Administration CPT |
|--------------|------------------|--------------------|------------------------|------------------------|
| Pfizer | 91300 | 59267-1000-1 | 0001A | 0002A |
| Moderna | 91301 | 80777-273-10 | 0011A | 0012A |
| Janssen | 91303 | 59676-0580-05 | 0031A | NA |

*Codes are not yet effective for billing.

Vaccine billing resources

- [Roster Billing Guidance](#)
- [UnitedHealthcare COVID-19 Vaccine Guidance](#)
- [UnitedHealthcare COVID-19 Vaccine Member Center](#)
- [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](#)

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 April 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 tests ordered by an appropriate provider and test-related services specific to the diagnosis of COVID-19

| Service | Code(s) to bill | Additional information |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Testing-related services including visits | ICD-10 code: Z03.818, Z20.828, Z20.822 | Cost-share will be waived for testing-related services that are necessary to help rule out COVID-19, (<u>including the appropriate E&M code</u>) through the national public health emergency period (currently scheduled to end April 20, 2021), Cost share will be waived for these testing-related services <u>only</u> when billed with diagnosis codes Z03.818, Z20.828 or Z20.822 and a COVID-19 test code on the same day. |
| | Place of service: (23) Emergency room (20) Urgent care (11) Office visits/telehealth (02) Telehealth as of Jan. 1, 2021 | |
| Specimen collection | HCPCS codes: G2023 and G2024 | Cost share will be waived for COVID-19-specific specimen collection. |
| | CPT® codes: 99001 | Cost share will be waived for specimen collection, along with the appropriate ICD-10 code of Z03.818 or Z20.828, if not billed with separate E&M charges. |
| | C9803 | Outpatient hospital facility only |
| Telehealth | Standard E&M code | Bill with appropriate E&M code |
| COVID-19 laboratory testing (billing guide section) | Testing lab codes | 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: <ul style="list-style-type: none"> Laboratories must have a valid CLIA ID, as well as CLIA accreditation, compliance or registration certification level 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 |

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 FDA Emergency Use Authorization (EUA) guidance

| Service | Code(s) to bill | Additional information |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COVID-19 treatment | Place of service: 02, 11, 15, 19, 20, 21, 22, 23, 31, 32, 41, 61, 81 | Self-insured customer benefit plans vary, based on client design, admissions, planned outpatient procedures and immunosuppressant therapies. |
| | ICD-10 code: B97.29, U07.1 or J12.82 | COVID-19 diagnosis codes need to be billed in order for the cost share waiver to be applied. |
| Monoclonal antibody treatment | Bamlanivimab: <ul style="list-style-type: none"> • HCPCS code: Q0239 • Administration code: M0239 | 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 product codes on the claim when the product is provided for free. |
| | Casirivimab + Imdevimab: <ul style="list-style-type: none"> • HCPCS code: Q0243 • Administration code: M0243 | For all Medicare beneficiaries, charges for COVID-19 monoclonal antibody infusion, including administration charges, should be billed to the Centers for Medicare & 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. 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. |

COVID-19 medical supply code

- UnitedHealthcare's Supply Policy and Professional reimbursement policies outline the methodology for covered medical expenses and surgical supplies under the following health plans:
 - [Medicare Advantage](#)
 - [Medicaid \(Community Plan\)](#)
 - [Individual and Group Market health plans](#)
- 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.

| Service | Code(s) to bill | Additional information |
|-----------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal protection equipment (medical supply code section) | 99072 | 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. |

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 Temporary Program Provisions](#)
- [CARES Act Information](#)
- [Provisional Credentialing](#)
- [Requirements to Practice in a New Location](#)

As you work with patients

- [Expanded Telehealth Access and Reimbursement](#)
- [Telehealth Coding Guide](#)
- [Assistance with Patient Discharge Planning](#)

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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