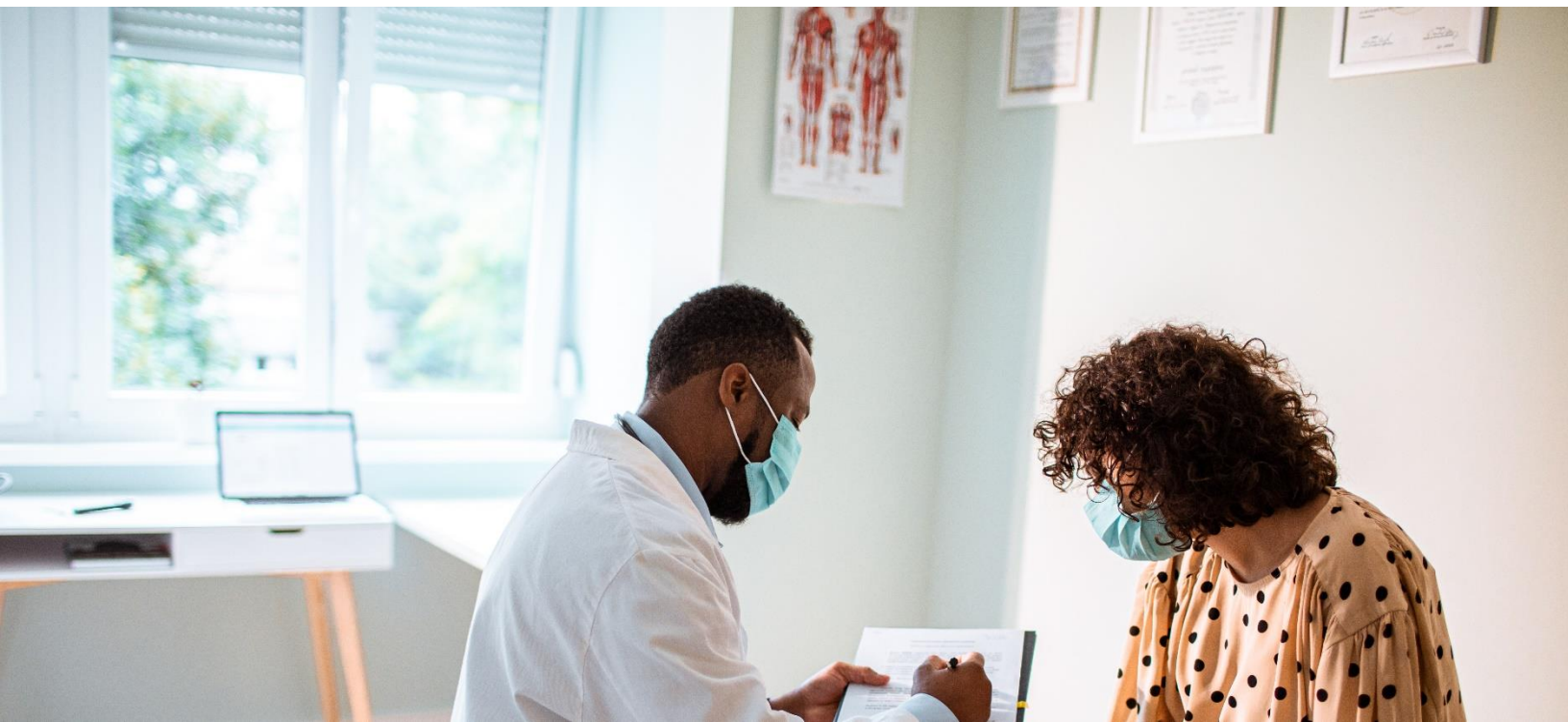




UnitedHealthcare COVID-19 billing guide



**United
Healthcare®**

Current as of **April 27, 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 (April 19, 2021) updates:

- National public health emergency period extended to July 19, 2021
- Specimen collection effective dates added
- Treatment cost share waiver
- Urgent care vaccine guidance

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 the UnitedHealthcare Provider Portal to submit claims, you'll need to create a [One Healthcare 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](#).
5. Begin submitting claims

COVID-19 vaccine billing

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

Additional services with vaccine administration

If members receive additional services during their vaccination appointments, they may be responsible for copays, deductibles, coinsurance or out-of-network charges, according to their benefits plan.

Health care professionals should not charge members for standard observation (15–30 minutes after receiving the vaccination).

Individual and Group Market fully insured health plans

UnitedHealthcare pays an administrative fee to the health care professional that covers vaccine administration and the member's observation.

Vaccine 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 July 19, 2021.	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 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. 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 provided by the federal government should submit claims through their pharmacy claims platform.
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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 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.

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 (J&J)	91303	59676-0580-05	0031A	NA

*Codes are not yet effective for billing.

Vaccine billing resources

- [UnitedHealthcare roster billing quick reference guide](#)
- [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 July 19, 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 related to the diagnosis of COVID-19

Service	Code(s) to bill	Additional information
Specimen collection	HCPCS codes: G2023 and G2024	Cost share will be waived for COVID-19-specific specimen collection when it's not billed with an E&M code
	CPT® codes: 99001 and 99000	<p>Cost share will be waived for specimen collection, along with the appropriate ICD-10 code of Z03.818, Z20.828 (effective Feb. 4, 2020) or Z20.822 (effective Jan. 1, 2021)</p> <p>We will not reimburse for specimen collection if billed with separate E&M codes. If an E&M service is not provided, 99001 can be used for pop-up labs or specimen collection offsite</p> <p>Medicare Follow CMS billing guidelines. Use CPT code 99001 or 99211 where appropriate</p> <p>Commercial Use CPT codes 99000 and/or 99001</p>
	C9803	Outpatient hospital facility only
Telehealth	Standard E&M code	Bill with appropriate E&M code and one of the appropriate ICD-10 diagnosis codes: Z03.818, Z20.828 or Z20.822
COVID-19 laboratory testing (billing guide section)	Testing lab codes	<p>The laboratory must use a test that is developed and administered in accordance with specifications outlined by the U.S. Food and Drug Administration (FDA) or through state regulatory approval. In addition:</p> <ul style="list-style-type: none"> • Laboratories must have a valid CLIA ID, as well as CLIA accreditation, compliance or registration certification level • Bill with one of the appropriate ICD-10 diagnosis codes: Z03.818, Z20.828 or Z20.822 • 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

- UnitedHealthcare has implemented a number of cost share waivers at different points in the COVID-19 national emergency. For details of past cost share waivers, please review the [summary of COVID-19 temporary program provisions](#).
- **Medicare Advantage:** From Feb. 4, 2020, through March 31, 2021, UnitedHealthcare waived cost sharing (copay, coinsurance and deductible) for in-network and out-of-network COVID-19 treatment services. This includes telehealth, inpatient and outpatient COVID-19 treatment. Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code. This applies to remdesivir and convalescent plasma administered consistent with Food and Drug Administration (FDA) authorizations for emergency use.
- **Individual Exchange, Individual and Group Market fully insured health plan:** No cost share waivers are currently in effect. Coverage and cost sharing is adjudicated in accordance with the member's health plan.
- **Medicaid:** Cost share waivers are subject to state requirements. Please refer to your state's COVID-19-specific website for more information.
- **Monoclonal antibody treatment:** Cost share waivers vary by health plan. [Learn more](#)

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	<p>Casirivimab + Imdevimab:</p> <ul style="list-style-type: none"> • HCPCS code: Q0243 • Administration code: M0243 <p>Bamlanivimab + Etesvimab</p> <ul style="list-style-type: none"> • HCPCS code: Q0245 • Administration code: M0245 	<p>For Medicaid health plans, when COVID-19 monoclonal antibody doses are provided by the government without charge, health care professionals should only bill for the administration. Health care professionals should not include the monoclonal antibody product codes on the claim when the product is provided for free. The FDA has authorized emergency use of these drugs in an outpatient setting.</p> <p>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.</p> <p>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.</p>

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.

Urgent care testing and vaccine administration

Testing

- Effective March 26, 2021, UnitedHealthcare will reimburse COVID-19 testing for urgent care facilities only when billed with a COVID-19 testing procedure code along with one of the appropriate Z codes (Z20.828, Z03.818 and/or Z20.822)
- This billing guidance is applicable only to urgent care facilities on an all-inclusive Per Case, Per Diem, Per Visit, Per Unit, etc. contract rate
- We will not adjust rates for payment on claims submitted before the March 26, 2021 date of service
- This is applicable for UnitedHealthcare Individual and Group Market health plans
- We are following the Centers for Medicare & Medicaid Services (CMS) for place of service testing and case rate guidelines
- In-network urgent care centers must bill with place of service 20 on a CMS-1500 claims form
- For the codes noted below, we will pay 100% of the CMS allowable rate

Vaccine administration for commercial health plans

- Effective April 15, 2021, UnitedHealthcare will reimburse the appropriate COVID-19 vaccine administration codes listed below for in-network urgent care facilities
- This billing guidance is applicable only to urgent care facilities on an all-inclusive Per Case, Per Diem, Per Visit, Per Unit, etc. contract rate
- We will not adjust rates for payment on claims submitted before the April 15, 2021 date of service, and we will not do retroactive claims payment
- We will separately reimburse for the following COVID-19 codes and new codes approved by the AMA CPT: 00001A, 00002A, 0011A, 0012A, 0031A
- This is applicable for Individual and Group Market health plans only
- If a health care professional bills a case rate on the same date of service as COVID-19 vaccine administration code for the same patient, UnitedHealthcare will deny the vaccine administration code

Service	Code(s) to bill	Additional information
COVID-19 testing at urgent care facilities	87635 87636 87811 0240U 0241U U0001 U0002 U0003 U0004 U0005	For in-network health care professionals, we will reimburse COVID-19 testing at urgent care facilities only when billed with a COVID-19 testing procedure code along with one of the appropriate Z codes (Z20.828, Z03.818 and Z20.822) through the end of the public health emergency If a health care professional bills visit codes on the same date of service as a COVID-19 testing code claim for the same patient, UnitedHealthcare will deny the testing code
COVID-19 vaccine administration at urgent care facilities	00001A 00002A 0011A 0012A 0031A	For in-network health care professionals, we will reimburse COVID-19 vaccine administration when billed with the appropriate codes through the end of the public health emergency If a health care professional bills visit codes on the same date of service as a COVID-19 vaccine code claim for the same patient, UnitedHealthcare will deny the vaccine code

Resources

Health care professionals 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 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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