OHCA
OHIO HEALTH CARE ASSOCIATION

SNF POC Test Billing Fact Sheet

COVERAGE CONSIDERATIONS

CMS published a flow chart and payer hierarchy for paying for testing in SNFs. After receiving questions from members on this topic, we want to provide some additional clarification relative to staff and resident testing:

RESIDENT TESTING

- If the resident meets one of the conditions below, COVID-19 POC tests are covered under Medicare:
  - Resident is not skilled.
  - Resident has had suspected exposure OR the facility is in outbreak testing protocols.
  - Resident is receiving a baseline test for opening or reopening a facility.
  - Resident is being tested to determine if an infection is resolved.
- OHCA is aware that some facilities have chosen also to perform surveillance testing on residents. If the facility is performing surveillance testing not outlined in the examples above for residents, those tests should not be billed to Medicare for reimbursement.
- Health insurance issuers and group health plans should cover COVID-19 diagnostic testing (as determined medically appropriate by the individual's health care provider, consulting Centers for Disease Control and Prevention (CDC) guidelines as appropriate). Health insurance issuers and group health plans are not required to cover non-diagnostic tests (i.e., testing done for public health surveillance purposes) without cost-sharing.
- ODM has not yet developed a fee schedule to reimburse for this test.

STAFF TESTING:

- Some facility staff members, particularly volunteers, may be eligible for Medicare. If the staff member meets one of the criteria outlined above for residents, their testing is also covered.
- The CMS-mandated routine staff testing for surveillance under QSO 20-38 (not including outbreak testing, testing of symptomatic/exposed staff members, or testing for facility reopening) under the cadence determined by the positivity rate of the facility's county is NOT covered by Medicare. These tests should not be billed to Medicare.
- Many commercial insurance plans cover testing for asymptomatic members of the general population. It is unclear how each insurance company will handle coverage for surveillance testing. We recommend you speak with your provider contracting representatives regarding their view on medical necessity and coverage limitations for repeat testing of staff. OHCA continues to discuss these issues with the insurance plans and ODM.

BILLING CODING CONSIDERATIONS

HRSA AND CODING:

Some insurance companies have denied the point-of-care (POC) tests billed under 87426,QW. A few members inquired about Health Resources and Services Administration (HRSA) coverage for COVID-19 testing of uninsured beneficiaries, as it provides coverage for COVID-19 diagnostic testing. In its Claims Reimbursement FAQ, however, HRSA states that services not covered by traditional Medicare also are not covered under this program.

Additionally, for coverage of diagnostic tests of uninsured individuals, such as outbreak testing, HRSA delineates diagnosis codes for testing. Please also refer to CDC guidelines for ICD-10 coding of confirmed COVID-19-positive encounters, which support the use of Z11.59 for screening situations.

- Outbreak testing:
  - Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19).
  - Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases (confirmed exposure to COVID-19).
- Surveillance testing:
  - Z11.59 – Encounter for screening for other viral diseases (asymptomatic).

ADDITIONAL CLAIM SPECIFICATIONS

- The two tests available (Sofia SARS Antigen FIA from Quidel Corporation and Veritor System for Rapid Detection of SARS-CoV-2 from Becton, Dickinson and Company) both are categorized by Current Procedural Terminology (CPT) code 87426.
- Because SNFs that receive POC units must be Clinical Laboratory Improvement Amendments (CLIA)-waived providers, they must bill this code with a QW modifier. Please see this *MLN Connects* article for additional information.
- If you are billing these on a UB04, you need to use the lab revenue code series (030X).
- Claims for patients who elect the hospice benefit should include the appropriate modifiers and condition codes (GW and 07, respectively) to indicate that the services are not related to hospice care. This may not be appropriate if the resident is COVID-19-positive or is symptomatic.
- Roster billing is not permitted for this code.
- Pricing for the POC testing code is set by CGS and does not appear on the regular fee schedules. We confirmed with CGS that their universal rate for the code is set at $35.33 per test.
- Some commercial insurance carriers already have set reimbursement amounts, such as Aetna, who published that they cover the code and reimburse at $45.23 per test. Aetna MyCare Medicare will cover at the Medicare reimbursement rate.
- UnitedHealthcare stated that they do not intend to cover POC testing billed by SNF providers to commercial and Medicare Advantage plans. They will cover the code for their Institutional Special Needs Plan (I-SNP) beneficiaries.
- The Department of Medicaid (ODM) has not set a fee schedule for the POC test. As a result, managed Medicaid plans also cannot reimburse for this test.
- A SNF may not bill for a specimen collection fee.