

February 25, 2021

Update to Administrative Policy AP-26 COVID-19 Viral and Antibody Testing and Supplies – Diagnosis Code B97.29

For claims billed on or after February 1, 2021, to remove interim diagnosis code B97.29 (Coronavirus as the cause of diseases classified elsewhere). This update applies to all lines of business and is in line with guidance that the Centers for Disease Control and Prevention implemented January 1, 2021.

Claims for medically appropriate COVID-19 testing must be submitted with one of the following codes:

- CPT® codes U0001, U0002, U0003, U0004, 0202U, 87635, 86328 86769, 86413, 0225U, 87636, 87637, 87811, 0240U, 0241U, and/or 87428 and billed with a diagnosis of U07.1, Z03.818, and/or Z20.828 will be reimbursed.
- Laboratories may bill G2023 and G2024 for the purpose of specimen collection at a skilled nursing facility or for homebound patients with a diagnosis of U07.1, Z03.818, and/or Z20.828 and it will be reimbursed during public health emergency.
- For specimen collection purposes, when HCPCS code C9803 is billed with diagnosis code U07.1, Z03.818, and/or Z20.828, it will be reimbursed during public health emergency.

Please be reminded that the referring or attending provider's information must be completed on all submitted claim forms. This is **Box 17 on the CMS- 1500 claim form.**

AP-26 will be reviewed pre-payment and post-payment. Pre-payment review means that claims are reviewed prior to payment. A pre-payment review results in an initial determination. Post-payment review means that claims are reviewed after adjudication. A post-payment review may result in either no change to the initial determination or a revised determination.

These services are subject to audit and policy updates at the Health Plan's discretion.

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