# COVID-19 Testing Quick Guide

**September 2022**

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Background
NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority is to maintain access to care for all beneficiaries while prioritizing safety for providers and patients by reducing unnecessary exposure through social distancing efforts. Please refer to https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid for details and up-to-date information on COVID-19.

Section 21. Cost Sharing Reduction
Pursuant to N.C. Gen. Stat. § 166A-19.30(a)(1), I hereby direct NCDHHS and the North Carolina Department of Insurance to immediately work with health insurance plans operating in the state to identify any burdens for testing for COVID-19 as well as access to prescription drugs and telehealth services, as needed, in order to reduce cost-sharing (including, but not limited to, co-pays, deductibles, or coinsurance) to zero for all medically necessary screening and testing for COVID-19.

All guidance related to COVID-19 is subject to change as the pandemic progresses.
Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

### Visit Guidance

<table>
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<th>CPT Codes</th>
<th>Who Can Bill</th>
<th>Where</th>
<th>ICD-10</th>
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<tr>
<td>99202-99205</td>
<td>ONLY MD or Advanced-Practice Providers</td>
<td>LHD Must meet CPT code criteria as stated by CPT billing guidance</td>
<td>Up to Provider</td>
</tr>
<tr>
<td>99212-9915</td>
<td>ONLY MD or Advanced-Practice Providers</td>
<td>LHD Must meet CPT code criteria as stated by CPT billing guidance</td>
<td>Up to Provider</td>
</tr>
<tr>
<td>99211</td>
<td>Nurse</td>
<td>Clinic setting or parking lot/tent as long as you meet criteria for 99211 as stated by CPT billing guidance</td>
<td>Up to Provider</td>
</tr>
<tr>
<td>87811</td>
<td>BinaxNow antigen Test</td>
<td>LHD</td>
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CR Modifier
- CR modifier is to be used with telemedicine or VPC that was COVID-19 related.
  - COVID-19 related telemedicine and VPC is interpreted as providing services by Telemedicine & VPC due to COVID-19 and the state of emergency. For example, seeing a patient by Telemedicine/VPC rather than having the patient come into the clinic. (e.g., patient who needs follow up for chronic illness by telemedicine and they should not come to the office).

The CR modifier is not exclusively for those patients being seen virtually because they are sick or suspected with COVID-19.

Please carefully review the Medicaid Telehealth Billing Code Summary Document https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf If you have denials, please reach out to your Administrative and Nurse Consultant for assistance.

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Program assignment
Assign to the program that is providing the care.
- If patient is seen in a “stand up” LHD clinic specific for COVID-19 symptoms or rule/out, then code as Other Services (OS).
- If a patient is seen for COVID-19 symptoms or rule/out, code to the clinic where patient first presented [examples: Adult Health (AH), Child Health (CH), Primary Care (PC)].
- Disease investigation/surveillance is documented in NCEDSS (and is not considered providing care).

MCV Program
Since Governor Cooper ended the state of emergency the MCV Program for COVID-19 has ended as of August 15, 2022.

COVID-19 Knowledge Center
Medicaid and NC Health Choice providers now have a single source to find answers to questions about COVID-19. The online resource is a collection of Medicaid and behavioral health COVID-19 information, including answers to questions received in the COVID-19 mailbox, during webinars, from COVID-19 Special Medicaid Bulletins and other sources.

SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information

Telehealth/VPC Services
Effective Friday, March 1, 2020, NC Medicaid is offering reimbursement for virtual patient communication and telephonic evaluation. Specific established beneficiaries, rendering providers, and CPT codes with details are listed in Medicaid Bulletin #34. SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes

For complete guidance for Telehealth/VPC Visit Codes, Laboratory Testing codes, Pharmacy codes, and Durable Medical Equipment, please see the NC Medicaid Billing Changes in Response to COVID-19 Summary Coding Sheet published by Community Care of NC, NC DHHS, and NC AHEC here: https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information

Telehealth Modifiers
Provider(s) shall follow applicable modifier guidelines:

Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. This modifier is not appropriate for services performed telephonically or through email or patient portal.

Modifier CR (catastrophe/disaster-related) CR modifier is to be used with telemedicine or VPC that was COVID-19 related.
   - COVID-19 related telemedicine and VPC is interpreted as providing services by Telemedicine & VPC due to COVID-19 and the state of emergency. For example, seeing a patient by Telemedicine/VPC rather than having the patient come into the clinic. (e.g. patient who needs follow up for chronic illness by telemedicine and they should not come to the office).

The CR modifier is not exclusively for those patients being seen virtually because they are sick or suspected with COVID-19.

There are times when you would need to use both the GT and the CR modifiers. If you provide a telemedicine service using interactive audio-visual communication, then you would need both the GT and the CR.
Please refer to Update item regarding use of CR modifier at the top of this document.

Modifier CS- has been added by Medicaid as a crossover modifier for Medicare claims only. This means if you have dually eligible clients with Medicare & Medicaid you would use the CS modifier on the Medicare claim and Medicaid will convert to the CR modifier upon crossover of the claim.

Billing/Reporting for data collection (LHD-HSA)
Please remember that during this time, you are still to continue reporting ALL services so that the HSA system can collect the required data. Use the CR (and GT if appropriate) on all Telehealth/VPC services whether billing or reporting. This will be the primary data point that will be used to collect the information needed to identify COVID-19 related services. Thanks for your assistance in this matter.

Self-pay patients
DPH recommends LHDs waive all charges/co-pays for uninsured/underinsured, self-pay patients seeking COVID-19 testing and treatment. This would avoid any barrier to care and the need to obtain financial information or apply a sliding-fee scale (SFS) to charges for these services. This is in response to Governor Cooper’s Executive Order NO. 116.

Billing Covid-19 Testing
- LHDs should bill third party insurance plans with the client’s permission.
- DPH recommends waiver of any copayments and remaining balances after insurance billing is completed, but local agencies should review specific health plan guidance. Most, if not all, third-party payers are waiving
any cost sharing by the client (copays, deductibles, coinsurance). Please refer to third-party payer guidelines for more detailed information

- LHDs should bill Medicaid
- Medicaid Telehealth guidance waives patient copayments for COVID-19 testing & treatment services beginning March 1, 2020 until such time as the pandemic is declared over and all related billing is complete.

Please check with your EHR vendor about adding COVID-19 codes and how to manage Telehealth/VPC services within your EHR.

References

Executive Order #267
https://governor.nc.gov/media/3334/open

NC Medicaid/DHB:
https://medicaid.ncdhhs.gov/providers/medicaid-bulletin


NC Medicaid and Health Choice Telemedicine and Telepsychiatry Clinical Coverage Policy:
https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinicalcoveragepolicies

NC Medicaid Billing Changes CCNC/NCDHHS/AHEC Webpage:

NC DPH Women’s Health Branch:
Family Planning and Maternal Health COVID19 FAQs_042820.pdf

Medicaid COVID-19 Related Special Bulletins Published:
SPECIAL BULLETIN COVID-19 #22: CAP/C and CAP/DA Home and Community-Based Services (HCBS) Flexibilities for Waiver Beneficiaries Enrolled in 1915(c) and HCBS Waivers
SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes
SPECIAL BULLETIN COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and Dental Services
SPECIAL BULLETIN COVID-19 #42: Telehealth Clinical Policy Modifications – Postpartum Care
SPECIAL BULLETIN COVID-19 #43: Telehealth Clinical Policy Modifications – Self-Measured Blood Pressure Monitoring
SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities
SPECIAL BULLETIN COVID-19 #48: Telehealth Clinical Policy Modifications - Remote Physiologic Monitoring

Services

SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - Interim Perinatal Care Guidance
SPECIAL BULLETIN-19 #52: Coverage for Weight Scales and Portable Pulse Oximeters - Temporary Flexibilities

SPECIAL BULLETIN COVID-19 #53: Coronavirus Code Added as Billable Diagnosis and Annual Office Visit Limit Exemption
SPECIAL BULLETIN COVID-19 #54: Clinical Policy Modifications - Family Planning Services Annual Exam Requirement Waived
SPECIAL BULLETIN COVID-19 #55: NC Medicaid Receives Approval for Expanded Flexibilities for Home and Community-Based Services
SPECIAL BULLETIN COVID-19 #62: Clinical Policy Modifications - Suspending Copays on COVID-19-related Services
SPECIAL BULLETIN COVID-19 #64: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Health and Behavior Intervention Visits Provided by Local Health Departments
SPECIAL BULLETIN COVID-19 #65: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Postpartum Depression Screening
SPECIAL BULLETIN COVID-19 #66: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Well Child Visits
SPECIAL BULLETIN COVID-19 #69: Clarification to Bulletin #15 Medicaid and NC Health Choice Temporary Flexibilities - 1135 Waiver Provisions and Replace Effective Dates Stated in Bulletins #2, #10 & #11
SPECIAL BULLETIN COVID-19 #70: Addition of Mailing and Delivery Fees to Retail Pharmacy Claims
SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit
SPECIAL BULLETIN COVID-19 #80: NC Medicaid Temporarily Increasing Flexibility and Reimbursement Rates for Primary and Specialty Care Providers
SPECIAL BULLETIN COVID-19 #84: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Maternal Support Services Provided by Local Health Departments
SPECIAL BULLETIN COVID-19 #86: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Family Planning Services for MAFDN Beneficiaries
SPECIAL BULLETIN COVID-19 #87: Additional Dental Clinical Coverage Policy Provisions
SPECIAL BULLETIN COVID-19 #90: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Smoking and Tobacco Cessation Counseling
SPECIAL BULLETIN COVID-19 #91: Federal Provider Relief Fund: Guidance on How to Access "General Distribution" Funds
SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information
SPECIAL BULLETIN COVID-19 #99: North Carolina General Assembly Mandates Temporary 5% Rate Increase for Certain Medicaid Providers
SPECIAL BULLETIN COVID-19 #107: Continuation of COVID-19 Enhanced Rates
SPECIAL BULLETIN COVID-19 #119: NC Medicaid Extends Temporary Clinical Coverage Policy Provisions and Temporary Rate Enhancements
SPECIAL BULLETIN COVID-19 #123: Temporary rate increase for Local Health Department Dental Services
SPECIAL BULLETIN COVID-19 #124: Reprocessing Claims to Apply Retroactive 5% Rate Increase for Medicaid Providers Covered in SL 2020-4
SPECIAL BULLETIN COVID-19 #134: Clarification of COVID-19 Temporary Rate Increases and Clinical Policy Changes
SPECIAL BULLETIN COVID-19 #137: Reimbursement for COVID-19 Related Primary Care Services for Uninsured NC Residents – Steps to Prepare
SPECIAL BULLETIN COVID-19 #139: COVID-19 Temporary Provider Rate Increases and Clinical Policy Changes Extended
SPECIAL BULLETIN COVID-19 #140: Portal Live – Reimbursement for COVID-19-Related Primary Care Services for Uninsured Individuals Living in NC
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