



Coding Update/Reminder

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CMS has issued modifier CS for services on or after March 18, 2020, and through the conclusion of the public health emergency. The modifiers issued were to ensure individuals receive payment in full for certain COVID-19 encounters.

Modifier CS should be applied when billing for an E/M service that results in or assesses the need for a COVID-19 lab test, CMS stated in an email sent to providers April 7, 2020. When deciding to waive patient's cost-sharing, you should be appending your COVID-19 testing-related claims with the modifier **CS**. Eligible services include E/M encounters for office and outpatient services, hospital observation services, ER codes, nursing facility services, home services and "online digital" E/M services. "Providers should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services," CMS instructs. The modifier signals your Medicare administrative contractor (MAC) that it should reimburse the claim at 100% - including the amount that would have been paid by the patient.

Under the Families First Coronavirus Response Act, cost sharing is waived for Medicare Part B claims when a provider "orders or administers COVID-19 lab tests **U0001, U0002, or 87635**."

Report code U07.1 only for confirmed cases. Use this code when the provider documents COVID-19 as the diagnosis. The guidelines explain: "In this context, "confirmation" does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient."

Also use code U07.1 for "presumed positive" cases. This situation is for patients who, as stated by the guidelines, "have tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC)." Note that CDC confirmation of local and state tests for COVID-19 is no longer required.

Don't use U07.1 for "suspect," "possible," "probable" or inconclusive cases. For those, code the reason for the encounter (e.g. cough, fever, shortness of breath) and report a code such as **Z20.828** (Contact with and [suspected] exposure to other viral communicable diseases), the guidelines instruct.



Use code U07.1 when an asymptomatic patient tests positive for COVID-19. The guidelines explain: "Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection."

Use a Z code when test results are unknown. For example, if the clinician is concerned "about a possible exposure to COVID-19, but this is ruled out after evaluation," the guidelines instruct you to assign code **Z03.818** (Encounter for observation for suspected exposure to other biological agents ruled out).