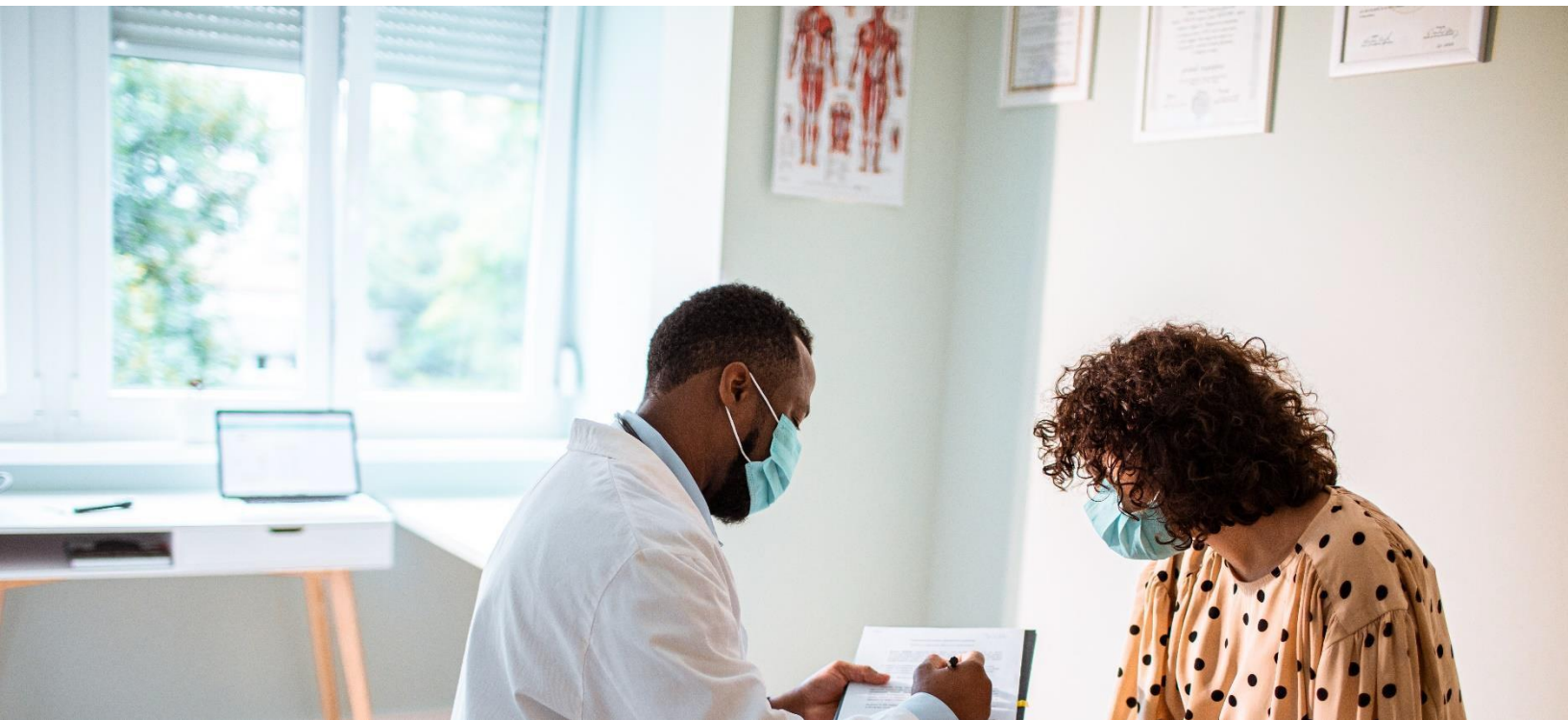




UnitedHealthcare COVID-19 billing guide



Current as of Oct. 24, 2022. Information in this guide is subject to change.

**United
Healthcare®**

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 – Oct. 24, 2022

- The National Public Health Emergency period has been extended to Jan. 10, 2023. It was previously set to expire on Oct. 12, 2022.
- Updated vaccine booster codes for Pfizer (ages 5+) and Moderna (ages 6+) to reflect the recent FDA authorization and CDC recommendation of the bivalent boosters.
 - The monovalent mRNA COVID-19 vaccines are no longer authorized by the FDA as booster doses for those age ranges.

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](#)

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.

Vaccine serum

The U.S. government is currently providing and covering the cost of the COVID-19 vaccine serum. Health care professionals should not submit claims for the cost of the serum.

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	Effective Jan. 1, 2022, health care professionals who administer the COVID-19 vaccine serum to Medicare Advantage members should submit medical claims through the standard UnitedHealthcare claims process.*	Effective Jan. 1, 2022, pharmacies who administer the COVID-19 vaccine serum to Medicare Advantage members should submit claims for administrative services through the pharmacy claims platform.* Please note: <ul style="list-style-type: none">○ Coverage of administrative services is provided under the Medicare Advantage medical benefit with \$0 member copayment○ COVID-19 vaccination and associated administration is not eligible for Part D pharmacy benefit coverage <i>*Applies to vaccine serum provided by the federal government.</i>

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 Jan. 10, 2023.	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 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. 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 should submit claims through their pharmacy claims platform. State Medicaid agencies may provide different guidance.

Pharmacy billing codes

The National Council for Prescription Drug Programs (NCPDP) has designated 3 submission clarification codes (SCC) for pharmacy billing as the differentiating value for the dose being administered. OptumRx® has updated its claims system to allow processing, 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
SCC 7	Indicates an additional dose is medically necessary, based on CDC recommendations*
“MA” (Medication Administered)	Indicates that pharmacies can submit claims with a DUR PPS code = MA to trigger an administration fee
SCC 10	Indicates booster dose

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. We will continue to update our claims systems as COVID-19 vaccine administration codes become published, receive FDA-authorization or approval and CDC recommendation.

Please note:

- Modifiers are not required when submitting COVID-19 vaccine administration claims
- UnitedHealthcare will only cover FDA-authorized or approved COVID-19 vaccines

The table on the next page summarizes COVID-19 vaccine billing codes. It is adapted from the AMA website: [Appendix Q: Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) \(coronavirus disease \[COVID-19\]\) Vaccines](#).

Manufacturer	Vaccine dose CPT	National Drug Code	1st admin CPT	2nd admin CPT	3rd admin CPT*	Booster Shot
Ages 6 months–11 years						
Pfizer Ages 6 months–4 years	91308	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	0081A	0082A	0083A	
Pfizer Ages 5-11 years	91307	59267-1055-1 59267-1055-01	0071A	0072A	0073A	
Pfizer Bivalent Booster Ages 5-11 years	91315	59267-0565-1 59267-0565-01				0154A
Moderna Ages 6 months–5 years	91311	80777-279-05 80777-0279-05	0111A	0112A	0113A	
Moderna Ages 6-11 years	91309	80777-275-05 80777-0275-05	0091A	0092A	0093A	
Moderna Bivalent Booster Ages 6-11 years	91314	80777-282-05 80777-0282-05				0144A
Ages 12+						
Pfizer (diluent reconstituted) Ages 12+	91300	59267-1000-1 59267-1000-01	0001A	0002A	0003A	
Pfizer (tris-sucrose formulation) Ages 12+	91305	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	0051A	0052A	0053A	
Pfizer Bivalent Booster Ages 12+	91312	59267-0304-1 59267-0304-1 59267-1404-1 59267-1404-1				0124A
Moderna Ages 12+	91301	80777-273-10 80777-0273-10 80777-100-11 80777-0100-1	0011A	0012A	0013A	
Moderna Bivalent Booster Ages 12-17	91313	80777-282-05 80777-0282-05				0134A
Novavax Ages 12+	91304	80631-100-01 80631-1000-01	0041A	0042A		
Novavax Booster Ages 18+	91304	80631-100-01 80631-1000-01				0044A
Janssen (J&J) Ages 18+	91303	59676-580-05 59676-0580-05	0031A			0034A
For home vaccine administration, include M0201 in the claim submission.						

Visit UHCprovider.com/claims to learn how to submit a claim to UnitedHealthcare.

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](#)
- [AMA COVID-19 CPT Coding and Guidance](#)

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 Jan. 10, 2023) 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 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
- UnitedHealthcare health plans generally do not cover COVID-19 surveillance testing, which is testing used for public health or social purposes such as employment (return to workplace), education, travel or entertainment. These tests are only covered when required by applicable law and are adjudicated in accordance with the member's benefit plan.
 - Exception for Administrative Services Only (ASO) plans: Effective Jan. 1, 2022, ASO plans may elect to cover surveillance testing claims administered by a health care provider under the medical benefit plan. Members are responsible for checking with their employer to see if they have elected to cover surveillance testing in 2022.
- UnitedHealthcare health plans do not cover variant testing to detect mutations for reporting purposes, including testing authorized and/or approved (done) by the FDA to classify variants. Although the AMA has released CPT code 87913 for detection of mutations (reporting-related testing), any claim submitted to UnitedHealthcare with this code will be denied.

Service	Code(s) to bill	Additional information
Testing-related services , including visits	Place of service: (23) Emergency room (20) Urgent care (11) Office visits/telehealth (02) Telehealth (as of Jan. 1, 2021)	Cost share will be waived for testing-related services that are necessary to help diagnose or rule out COVID-19, <u>(including the appropriate E&M codes and qualifying related services)</u> through the national public health emergency period (currently scheduled to end Jan. 10, 2023). Effective May 1, 2021, we updated our cost share waiver guidance to add more code-specific requirements. For all health plans, we're complying with CMS and federal provisions for additional allowable place of service codes.

Continued on next page

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>Individual and Group Market health plans and Individual and Family Plans* Use CPT codes 99000 and/or 99001</p> <p><i>*Individual and Family Plans were previously referred to as Individual Exchange.</i></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.</p> <ul style="list-style-type: none"> • 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 • Note: A QW modifier is required for CLIA-waived test codes <p>Laboratories must have a valid Clinical Laboratory Improvement Amendments (CLIA) ID, as well as CLIA accreditation, compliance or registration certification level.</p>

COVID-19 treatment

- UnitedHealthcare covers all FDA-authorized and approved COVID-19 treatments, typically beginning on the date a treatment is authorized/approved. If authorization or approval is revoked by the FDA, UnitedHealthcare coverage of a treatment will end.
- 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](#).

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	n/a
Convalescent Plasma	Diagnosis code: U07.1 HCPCS code: C9507	Effective Dec. 28, 2021, the FDA granted emergency use authorization for convalescent plasma as an outpatient treatment for COVID-19. With this EUA, convalescent plasma can be used in patients with immunosuppressive disease or receiving immunosuppressive treatment, in either outpatient or inpatient settings.
Antiviral treatment options	Remdesivir (outpatient treatment) Diagnosis code: U07.1 HCPCS code: • J0248 (as of Dec. 23, 2021) Facility revenue code: 636 NDC codes: • 61958-2901-1 • 61958-2901-2 • 61958-2902-1	Coverage for outpatient administration of Veklury is effective as of Dec. 23, 2021. Since remdesivir can only be administered by an authorized healthcare professional, either in a hospitalized or outpatient setting, it is not part of the pharmacy PDL or formulary. Coverage via pharmacy benefits may be permitted where required by state and/or federal regulations (e.g., Part D may cover if a caregiver is unable to procure the medication and instead secures the medication subsequent to the issuance of a prescription). If remdesivir is administered as part of an inpatient stay, payment for the drug and its administration will be made in accordance with the terms of the hospital's in-network contract. If remdesivir is administered in an outpatient setting, payment for the drug and its administration will be based on the contracted rates of the health care professional who administers the treatment.
	Paxlovid	The federal government has purchased initial supplies and is providing the drug at no cost to patients. UnitedHealthcare will pay pharmacies a professional fee for dispensing the medication. Individual and Family Plans (formerly known as Individual Exchange Plans) and Individual and Group Market health plans Coverage is limited to a 5-day course of treatment, and 2 treatment courses per year. This is to help ensure Paxlovid is only prescribed in appropriate doses and to prevent stockpiling of the drug. Medicare Advantage and Medicaid Coverage limits are being evaluated and will be updated once information is available.

Service	Code(s) to bill	Additional information	
Antiviral treatment options (continued)	Molnupiravir	<p>The federal government has purchased initial supplies and is providing the drug at no cost to patients. UnitedHealthcare will pay pharmacies a professional fee for dispensing the medication.</p> <p>Individual and Family Plans (formerly known as Individual Exchange Plans) and Individual and Group Market health plans Coverage is limited to a 5-day course of treatment, and 2 treatment courses per year. This is to help ensure molnupiravir is only prescribed in appropriate doses and to prevent stockpiling of the drug.</p> <p>Medicare Advantage and Medicaid Coverage limits are being evaluated and will be updated once information is available.</p>	
Available Monoclonal antibody treatment options	<p>Pre-exposure prophylaxis (prevention) Should not be used or billed after a confirmed case of COVID-19</p>		<p>For Individual and Group Market, Individual Exchange and Medicaid Health care professionals should bill for the administration. Do not include the monoclonal antibody product codes on the claim when the product is provided for free.</p> <p>After Aug. 15, 2022, if the monoclonal antibody product was purchased, the Q code should be included as part of the claim. Implementation for self-funded customers may vary.</p> <p>Medicare Effective Jan. 1, 2022, charges for monoclonal antibody infusion, including administration charges, should be submitted to UnitedHealthcare following the standard claims process. Any COVID-19 monoclonal antibody infusion claims for Medicare beneficiaries that are submitted to the MAC during this timeframe will be denied, and health care professionals will be directed to submit the claims to UnitedHealthcare.</p>
	<p>Evusheld (tixagevimab co-packaged with cilgavimab and administered together)</p> <p>HCPCS code:</p> <ul style="list-style-type: none"> • Q0220 <p>Administration code:</p> <ul style="list-style-type: none"> • M0220 • M0221 	<p>The FDA has granted emergency use authorization (EUA) for Evusheld for pre-exposure prophylaxis (prevention). It has not been authorized by the FDA for treatment of COVID-19 or for post-exposure prevention of COVID-19. Claims for this use of Evusheld will be denied.</p> <p>It will be purchased and supplied by the government at no cost, based on information from AstraZeneca on Dec. 8, 2021.</p> <p>For Medicare health plans, monoclonal antibody administration claims for Medicare beneficiaries will be reimbursed with no cost share (copayment, coinsurance or deductible) through the national public health emergency. Reimbursement is limited to monoclonal antibody treatments that are FDA-authorized or approved at the time of treatment. For more information, visit the CMS Monoclonal Antibody COVID-19 Infusion page.</p>	
	<p>Post-diagnosis use only (treatment) COVID-19 diagnosis must be confirmed for bebtelovimab to be eligible for reimbursement</p>		
<p>Bebtelovimab</p> <p>HCPCS code:</p> <ul style="list-style-type: none"> • Q0222 <p>Administration code:</p> <ul style="list-style-type: none"> • M0222 (Outpatient) • M0223 (Home Infusion) 	<p>The FDA granted emergency use authorization (EUA) for bebtelovimab on Feb. 11, 2022. Effective Aug. 15, 2022, bebtelovimab will be available for purchase commercially. After this date, the U.S. government will no longer be purchasing and distributing bebtelovimab to each state/territory.</p>		

COVID-19 medical supply code

- The UnitedHealthcare supply policy and professional reimbursement policies outline the methodology for covered medical expenses and surgical supplies under the following health plans:
 - [Medicare Advantage](#)
 - [Medicaid \(Community Plan\)](#)
 - [Commercial health plans](#)
 - [Exchange](#)
- CPT code 99072 is not reimbursable unless mandated by state requirements. This applies to all [Medicare Advantage](#), [Medicaid \(Community Plan\)](#), [commercial health plans](#) and [Exchange](#) health plans.

Service	Code	Additional information
Personal protection equipment (medical supply code section)	99072	Definition: 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, vaccine and monoclonal treatment 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 CMS guidelines for place of service testing and case rate
- 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 when codes become published, receive FDA-authorization or approval and CDC recommendation: 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A
- 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

Monoclonal antibody treatment administration for commercial health plans

- Effective Oct. 15, 2021, UnitedHealthcare will reimburse the appropriate COVID-19 monoclonal antibody treatment 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 Oct. 15, 2021, date of service, and we will not do retroactive claims payment
- For applicable monoclonal antibody treatment, we will reimburse for the COVID-19 codes in the table below
- This is applicable for Individual and Group Market health plans and Individual Exchange only
- We will separately reimburse for the below monoclonal codes when published, receive FDA-authorization or approval and CDC recommendation
- If a health care professional bills a case rate on the same date of service as COVID-19 monoclonal antibody treatment code for the same patient, UnitedHealthcare will deny the monoclonal antibody treatment
- For the codes noted below, we will pay 100% of the CMS allowable rate

Service	Code	Additional information
COVID-19 testing at urgent care facilities	<ul style="list-style-type: none"> • 87635 • 87636 • 87811 • 0240U • 0241U • U0001 • U0002 • U0003 • U0004 • U0005 	<p>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.</p> <p>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.</p>
COVID-19 vaccine administration at urgent care facilities	<ul style="list-style-type: none"> • 0001A • 0002A • 0003A • 0011A • 0012A • 0013A 	<p>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.</p> <p>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.</p>
Monoclonal antibody treatment	<p>Codes available after April 6, 2022:</p> <p><u>Bebtelovimab</u> HCPCS code: <ul style="list-style-type: none"> • Q0222 Administration code: <ul style="list-style-type: none"> • M0222 (Outpatient) • M0223 (Home Infusion) </p> <p><u>Evusheld</u> HCPCS code: <ul style="list-style-type: none"> • Q0220 Administration code: <ul style="list-style-type: none"> • M0220 (Outpatient) • M0221 (Home) </p>	<p>Effective Oct. 15, 2021, UnitedHealthcare will reimburse the appropriate COVID-19 monoclonal antibody treatment codes for in-network urgent care facilities.</p> <p>If a health care professional bills visit codes on the same date of service as a COVID-19 monoclonal antibody treatment claim for the same patient, UnitedHealthcare will deny the monoclonal antibody treatment.</p>

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](#)

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.

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.

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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