

Subject: June 1st, 2020- COVID 19 Update

Good evening,

June 1 update:

Based on provider questions, we're adding clarifying information about antibody testing and the SC modifier to the [COVID-19 billing and coding page](#).

The updates in the FAQ section at the bottom of the page will post later this evening. Here are the new FAQs that will be posted:

When do I use the CS vs. the SC modifier?

The CS modifier indicates that an E&M visit resulted in a COVID-19 test being ordered. The SC modifier indicates that a COVID-19 lab test was medically necessary, and the SC modifier is required as of June 3, 2020. We'll cover, with no member copay, deductibles or coinsurance, COVID-19 testing (any type) when it is ordered by a provider and medically necessary, so it's important to include the SC modifier on tests when medically necessary.

Why is Priority Health requiring the SC modifier?

For a COVID-19 lab test to be covered by the member's plan, it must be medically necessary. We do not cover tests as a condition of employment or returning to work. Using the SC modifier helps us understand that the test was medically necessary.

Is antibody testing covered for asymptomatic patients or those who need a test to return to work?

No. Priority Health does not cover tests that are required only as a condition of employment. This includes drug tests and antibody testing for viruses like COVID-19. A provider must request the test for medically necessary reasons.

If the diagnosis code Z11.59 is used, will the test be covered by the member's plan? Does this code mean the test was medically necessary?

Diagnosis code "Z11.59, encounter for screening for other viral disease" is used when a patient is tested for a virus, such as COVID-19, with no known exposure to the virus, and the test results come back as negative for COVID-19 or unknown. Without the use of the SC modifier, this diagnosis code would result in the patient having their normal cost share for testing and treatment.

How is Priority Health defining medical necessity?

Medical necessity is determined by the ordering physician and is defined in provider contracts.

Is antibody testing covered when the patient is receiving it to determine if they can be a plasma donor?

No, infectious disease testing on a specimen for the purpose of routine plasma donation is not covered per plan documents. COVID-19 antibody testing on plasma for the purpose of COVID-19 convalescent plasma donation is not covered.

Is antibody testing covered as medically necessary when the patient is asymptomatic but receiving the test prior to surgery?

Yes, if the physician determines it is medically necessary for a patient to be tested prior to surgery and codes the test using the SC modifier, it would be covered.

Can an RN or LPN provide an antibody test and have it covered as medically necessary?

Per State of Michigan orders, testing can be requested and provided by a variety of parties. The determination of medical necessity can be made by physicians.

Thank you,

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[COVID-19 Provider Information Center](#)