In response to the COVID-19 crisis, BWC is initiating a temporary policy change that will allow flexibility in the provision of care to injured workers. These changes will be effective from May 1, 2020, until the state of emergency related to COVID-19 is lifted within the state where the injured worker resides.

COVID-19 Testing Coverage

Generally, COVID-related testing would not be covered or reimbursable unless COVID-19 was allowed in the claim. However, BWC recognizes that an injured worker who is positive for COVID-19 may be at greater risk for negative surgical complications, such as deep vein thrombosis (DVT), secondary pulmonary infections, unexpected progression to acute respiratory distress syndrome, cardiac injury, kidney failure and even death following the scheduled surgery. Therefore, to enable the Managed Care Organization, surgeon and injured worker to determine if surgery postponement is appropriate and to prevent greater risk for negative health consequences during or following surgery, **one pre-surgical COVID-19 test may be authorized when the injured worker is scheduled for an inpatient or outpatient surgery to be performed at a hospital or Ambulatory Surgical Center (ASC).**

Please note: The extent of BWC reimbursement for COVID-19 testing when COVID-19 is not an allowed condition in the claim is strictly limited to what is defined within this policy alert. BWC will not reimburse for any other COVID-19 related testing.

To facilitate reimbursement, these additional criteria must also be met:

- The nasal swab specimen collection and test must be performed or coordinated through the hospital or ASC where the surgery is scheduled; and
- The molecular test to detect nucleic acid from SARS-CoV-2:
  - Must be approved by the FDA.
  - Must be performed per the manufacturer’s instructions by a lab with appropriate CLIA certification.
  - In certain circumstances, when no other testing is available from the hospital or ASC facility, other than the lab test using high through-put technology, BWC will permit the use of HCPCS code U0003 or U0004.
  - If the high-through-put technology is not identified at the time of authorization, the test, if authorized, will be reimbursed using U0002.
  - The high-through-put technology must be FDA approved.

Surgical Codes

The surgical range of CPT codes includes 10004-69990. BWC, however, does not recognize all codes within this range as a surgery for purposes of this policy. We would like to clarify several points:

- This policy will apply for codes within this surgical range for injections into the central nervous system, so long as they are performed in a hospital or ASC.
- This would exclude non-surgery procedures such as dry needling or injections that are not into the central nervous system, even though the service is billed by a CPT code within this surgical range.

Coding and Reimbursement

Given the testing codes were not adopted in the 2020 fee schedule, providers should note that the billed codes will be crosswalked to an existing, approved BWC fee schedule code to facilitate payment.

In certain cases, the nasal swab and/or lab test could be conditionally bundled where separate reimbursement will not be made.

- The nasal swab would be billed using C9803 by the hospital outpatient department; or 99211 by a physician’s office for surgery coordinated through an ASC. Reimbursement when not conditionally bundled is $23.46. If the nasal swab is performed on the same day as an E&M service or other outpatient hospital services, the specimen collection is bundled into that payment and is not separately reimbursable.
- Lab or hospital providers must bill using U0001 or U0002. BWC will reimburse $35.92 for U0001; $51.31 for U0002; and $100 for U0003 or U0004. The lab test, if billed by the hospital, could also be conditionally bundled, depending on other services performed on the same date of service.

Testing providers may not bill for pass-throughs for testing performed by a CLIA certified laboratory. The laboratory must bill BWC directly. Testing providers may be asked to provide evidence of CLIA certification and/or evidence of the high-through-put test equipment to support billing and reimbursement.