

## Payment Guideline: Modifier CS

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**Read First****IMPORTANT INFORMATION CONCERNING  
WELLFLEET PAYMENT GUIDELINES**

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including medical records.

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**Applicable  
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
  - Fully Insured
    - Excluding policies issued in the following states: N/A
    - Excluding ISO
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:
    - AIG
    - Axis

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- Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded
  - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
  - AIG
  - Axis
  - Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded Employer Insurance
  - Excluding policies issued by the following employers: N/A

**Purpose** To help identify covid testing related claims for which modifier CS was created, to indicate a Covid test has been ordered according to CDC guidelines, when there is no Covid test billed on the claim

**Scope**

- ) Applies to claims with DOS 3/18/2020 through the end of the Public Health Emergency
- ) Modifier CS is intended for use on Evaluation and Management (E&M) codes only, when the diagnosis is related to exposure to and/or symptoms of Covid-19

**Definitions**

- ) Modifier CS: CPT Code modifier used to remove the application of cost-sharing (deductible and co-payment)

**Guidelines**

1. Claims utilizing Modifier-CS **MAY** be paid at 100% **IF**:
  - A. The CPT/HCPCS code is listed on Attachment A **AND**
  - B. The claim contains a listed diagnosis from Attachment B (diagnosis related to covid symptoms or exposure)
 The following will be paid as per plan benefits; cost share may apply:
  - A. The CPT/HCPCS code is **NOT** listed on Attachment A **AND/OR**
  - B. The claim **DOES NOT** contain a listed diagnosis from Attachment B (diagnosis related to covid symptoms or exposure)

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<b>Attachments</b>	<b>Attachment A: CPT &amp; HCPCS codes</b>	
	<b>CODE</b>	<b>DESCRIPTION</b>
	99091	Collj & interpj data ea 30 d
	99201-99474	CPT: E&M codes
	G2001-G2020	HCPCS: Post d/c home visit codes
	G2082-G2083	HCPCS: Visit esketamine
	S9083	HCPCS: Global fee urgent care centers
	<b>Attachment B: Diagnosis Related to Covid Symptoms or Exposure</b>	
	<b>ICD-10</b>	<b>DESCRIPTION</b>
	B33.0-B34.9	Viral diseases, not elsewhere classified & of unspecified site
	B97.0-B97.89	Viral agents as the cause of diseases classified elsewhere
	B99.8-B99.9	Other and unspecified infectious diseases
	J00-J99	Diseases of the respiratory system
	R04.0-R09.89	Symptoms and signs involving the respiratory system
	R11-R11.2	Nausea & Vomiting
	R19.7	Diarrhea
	R43.0 – R43.9	New loss of taste or smell
	R50.2-50.9	Fever
	R51.0-51.9	Headache
	R53.83-R53.83	Malaise and fatigue
	R68.11-R68.19	Nonspecific symptoms peculiar to infancy
	R68.83	Chills
	U07.1	COVID-19
	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
	Z20.822	Contact with and (suspected) exposure to COVID-19
	Z20.828	Contact with and (suspected) exposure to other viral and communicable diseases

**Change History**

<b>Version</b>	<b>Effective Date</b>	<b>Next Review Date</b>
1.0	9/15/22	10/1/23
1.1	9/15/22	10/1/23