

## COVID-19 FAQ

**14. I thought I understood that we could file ambulance claims for uninsured patients that were suspected COVID-19 but reading the terms and conditions page it says only the positive COVID-19 claims are covered. Which is correct?**

Date Added: 05/12/20

Answer: The CARES Act does contain some provisions to allow for reimbursement for services rendered to COVID-19 positive patients who are uninsured. We sometimes refer to this as “Round 3.” This program is administered through HRSA and does only cover positive COVID-19 uninsured patients. You first have to register as a “participating provider” in the portal.

Once you submit the claim seeking payment, our understanding is that the third party will verify: 1) the patient is indeed uninsured, and 2) the patient is Positive for COVID-19. When those two things are confirmed, the claim *should* be eligible for payment. Some other notes of interest:

- When the claim is submitted, the COVID-19 diagnosis code **must be the primary diagnosis code submitted**. The only exception is for pregnancy (O98.5-), when the COVID-19 code may be listed as secondary.
- The COVID-19 diagnosis code for *dates of service* from January 27, 2020 through March 31, 2020 is B97.29.
- The COVID-19 diagnosis code for dates of service from April 1, 2020 to the end of the Public Health Emergency period is U07.1.

The ambulance service should only be submitting claims under this so-called “Round 3” that relate to **uninsured AND positive** COVID patients. A claim should not be submitted to HRSA under this portal if the ambulance service is unsure of either of these facts. Once the ambulance service is sure of both of these facts, it must then code its claim appropriately to indicate that, in order to be eligible to receive the reimbursement.