








COVID-19 PHE Related Modifiers and Condition Codes

Modifier/ Cond Code	Description	Effective Date	Sites/ Providers	CMS Information	Reference Documents
Modifier CR	Catastrophe/disaster related	March 1, 2020	DME	<ul style="list-style-type: none"> Used on 1500 claims Use on CAH Method II claims Do not report on claims with Medicare defined "telehealth" services DME providers can use This modifier came out early from CMS but other guidance seems to negate its use for professional claims. 	 se20011 Emergency Response to COVID 0 CMS Billing Guidance Under Waivers, MLN Article SE20011
Cond Code DR	Disaster related	March 1, 2020	Hospital	<ul style="list-style-type: none"> Use on facility UB claims Acute hospital: <ul style="list-style-type: none"> Use when distinct part unit beds are used for acute patients Use for inpatient beds in alternate locations (e.g., ORs, pre-op areas, convention centers) Use for facility component of a telehealth visit (Q3014 or G0463) or other remote service. Inpatient Psychiatric Facilities/Distinct Part Units: <ul style="list-style-type: none"> Use if housing IPF patients in acute care beds Inpatient Rehab Facilities/Distinct Part Units <ul style="list-style-type: none"> Use if housing IPF patients in acute care beds 	 se20011 Emergency Response to COVID 0 CMS Billing Guidance Under Waivers, MLN Article SE20011  Facility Remote Services Guidance bas

				<ul style="list-style-type: none"> • SNFs: See examples in COVID-19 Communication link • Home Health Agencies: See examples in COVID-19 Communication link • On the April 21, 2020 CMS Office Hours call, CMS noted that condition code DR should be used for situations that fall under the formal waiver. They also noted that it would not hurt to have DR on a claim where it is not required. 	
Condition Code 90 and 91	<ul style="list-style-type: none"> • 90 - Service provided as part of an Expanded Access approval • 91 - Service provided as part of an Emergency Use Authorization 	Claims as of February 1, 2021	Hospital	<ul style="list-style-type: none"> • An Excel document is maintained that includes the COVID related services that have EUA or expanded access approval and are mapped to the appropriate condition code. • Most sites are applying these condition codes through the bill scrubber. 	 112020 Condition Code 90 and 91 Trans
Condition code 78	New coverage not implemented by Medicare Advantage (Billed on claims for Medicare Advantage beneficiaries only)	As each vaccine or MAB is approved	Hospital	<ul style="list-style-type: none"> • Use on MA plan beneficiaries for COVID vaccine and monoclonal antibody (MAB) therapy that are billed to FFS Medicare in late 2020 and 2021 	 FirstCoast COVID-19 Vaccine and MAB Gui
Condition code A6	Vaccine 100% payment	As each vaccine or MAB is approved	Hospital	<ul style="list-style-type: none"> • Use on Medicare COVID vaccine and mononclonal antibody therapy claims. CMS is treating MABs as vaccines. • See question 23 on page 135 of the FAQ 	 CMS COVID-19 FAQ 508 021921.pdf
Modifier 95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video	March 1, 2020	Professional	<ul style="list-style-type: none"> • Use on professional 1500 claims to indicate Telehealth services were provided. • Use place of service code that would have been used if visit was in-person • <u>Do not</u> append to telephone-only or e-visit services 	 covid-final-ifc.pdf

	Telecommunications System				COVID-19 Interim Final Rule 2020
Modifier CS	COVID-19 testing related services	Dates of service on/after March 18, 2020	Professional Hospital	<ul style="list-style-type: none"> • Can use on 1500 claim • Can use on UB facility claim • Append only on the E&M or "visit" code when the "visit" results in an order for COVID-19 testing or collection of the specimen • Waives beneficiary cost-sharing for the visit • Modifier will trigger 100% payment <p><u>Do not</u> use in the following scenarios:</p> <ul style="list-style-type: none"> • "Visit" determines that COVID-19 testing is not needed • "Visit" is provided for a patient that has already tested positive for COVID-19 so no test is ordered or performed. • Ancillary services that are provided during the "visit" (e.g., chest x-ray, other testing) 	Coinsurance Deductible Waiver for Testing Related E&Ms and Use of CS Modifier
Modifier GT	Via interactive audio and video telecommunication systems	March 1, 2020	CAHs	<ul style="list-style-type: none"> • Use on CAH Method II claims for telehealth services 	CMS Billing Guidance Under Waivers, MLN Article SE20011