MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

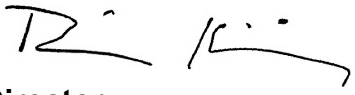
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director,
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number:	2143-Lab	**Comments Due:**	January 4, 2022	**Proposed Effective Date:**	As Indicated

Mail Comments to: Adriena Krul-Hall

Telephone Number: 517-284-1221 **Fax Number:**
E-mail Address: Krulhalla@michigan.gov

Policy Subject: COVID-19 Response: Updates to COVID-19 Testing Coverage

Affected Programs: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services, Emergency Services Only

Distribution: Practitioners, Outpatient Hospitals, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Independent Clinical Laboratories, Medicaid Health Plans, Integrated Care Organizations, Pharmacies

Policy Summary: Effective for dates of service on and after August 30, 2021, through 15 months after the federal Public Health Emergency (PHE) ends, Medicaid will expand laboratory coverage to include all types of U.S. Food & Drug Administration (FDA) authorized COVID-19 tests when administered consistent with the Centers for Disease Control and Prevention (CDC) recommendations. This includes COVID-19 self-collection test systems approved for home use by the FDA and dispensed by a Medicaid-enrolled, participating pharmacy.

Purpose: To notify Medicaid providers of updated COVID-19 testing coverage and reimbursement in response to recent guidance issued by the Centers for Medicare & Medicaid Services (CMS) under the American Rescue Plan Act of 2021 (ARP).

MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 21-50

Distribution: Practitioners, Outpatient Hospitals, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Independent Clinical Laboratories, Medicaid Health Plans, Integrated Care Organizations, Pharmacies

Issued: November 30, 2021

Subject: COVID-19 Response: Updates to COVID-19 Testing Coverage

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services, Emergency Services Only

The purpose of this policy is to notify Michigan Department of Health and Human Services (MDHHS) Medicaid-enrolled providers of updated COVID-19 testing coverage and reimbursement in response to recent guidance issued by the Centers for Medicare & Medicaid Services (CMS) under the American Rescue Plan Act of 2021 (ARP). Medicaid will expand testing coverage to include all types of U.S. Food & Drug Administration (FDA)-authorized COVID-19 tests administered in consistency with the Centers for Disease Control and Prevention (CDC) recommendations for dates of service on and after August 30, 2021.

Consistent with public health emergency (PHE) conditions at both the state and federal level related to COVID-19, this policy is intended to be time-limited. As required under the ARP, screening and home testing coverages described in this policy will end no earlier than 15 months after the last day of the federal PHE declaration period as described in section 1135(g)(1)(B) of the Social Security Act. MDHHS will notify providers of its termination. Implementation of the post-PHE portion of this policy is contingent upon State Plan Amendment (SPA) approval from CMS.

COVID-19 Testing Coverage

COVID-19 diagnostic and screening tests and their administration will be covered by Medicaid when given in accordance with CDC definitions and its recommendations for who should receive these tests. The CDC currently defines diagnostic testing as testing intended to identify current infection in individuals. Diagnostic testing is recommended for vaccinated and unvaccinated individuals who have signs and symptoms consistent with COVID-19 or who were exposed to someone with a confirmed or suspected case of COVID-19. Screening testing is intended to identify unvaccinated individuals with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to COVID-19, with the intent of

making individual decisions based on the test results. Examples of current CDC testing recommendations include coverage of screening testing related to return to school or work or to meet travel requirements. It is anticipated that the CDC testing recommendations may change over the course of the PHE, and providers are highly encouraged to review the latest guidelines at https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/sars-cov2-testing-strategies.html.

An individualized test result must be obtained and reported to the beneficiary and/or their healthcare provider for the diagnostic or screening COVID-19 test to be Medicaid covered.

COVID-19 Testing Billing and Reimbursement

Providers must use appropriate Current Procedural Technology (CPT) codes for the COVID-19 laboratory service when submitting a medical claim for reimbursement. MDHHS-covered CPT codes and associated rates can be found on the Laboratory fee screen database located on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information.

During the PHE when COVID-19 testing services and devices are procured and purchased by the federal government, they will be made available to Medicaid providers at no cost. Medicaid will not reimburse providers for COVID-19 testing services or devices that are federally purchased, supplied for free, or when the provider has received payment from another source. Providers must bill the procedure code and the cost of the service or device as $0.00 in these instances.

COVID-19 Home Tests

As broad access to simple and rapid COVID-19 tests may be beneficial during the PHE, effective for dates of service on and after August 30, 2021, Medicaid will cover select molecular and antigen home tests that have been dispensed by a Medicaid-enrolled participating pharmacy. Home tests include those where a specimen is collected at home and sent to a clinical laboratory for analysis and those that are entirely performed at home without involvement of a laboratory. Only home test kits that are FDA-approved or granted FDA Emergency Use Authorization (EUA) are covered. Providers can view an FDA listing of currently approved and EUA-authorized tests at https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd.

All COVID-19 tests, including home tests, must be prescribed/ordered by a Medicaid-enrolled physician, physician assistant (PA), advanced practice registered nurse (APRN), or other authorized prescriber allowed per Medicaid policy. Authorized prescribers include pharmacists acting within the scope specified under the Public Readiness and Emergency Preparedness (PREP) Act. A prescription is required regardless of the FDA EUA specifications and/or test manufacturer's prescription requirements.

Pharmacy Billing and Reimbursement of COVID-19 Home Tests

Home tests FDA-authorized or approved for the detection of COVID-19 will be approved for pharmacy benefit coverage. Medicaid will cover the following home tests up to a maximum of one per day:

Test Description
Infectious agent antigen detection by immunoassay, severe acute respiratory syndrome coronavirus 2
Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2

Subject to change, a list of Medicaid-covered National Drug Codes (NDCs) applicable to the above tests is available at https://michigan.magellanrx.com/. These home tests will reimburse at point-of-sale in accordance with existing Medicaid pharmacy policies. Reimbursement is the lesser of the pharmacy's usual and customary (U&C) charge or the MDHHS product cost payment limits. MDHHS' product cost payment limits are based on the NDC the pharmacy identifies as the product that was dispensed. If a covered NDC does not have an associated price, MDHHS will reimburse U&C up to the MDHHS Maximum Allowed Cost (MAC). Pharmacies should refer to the Pharmacy chapter of the MDHHS Medicaid Provider Manual for complete information regarding Medicaid pharmacy policies.

National Council of Prescription Drug Programs (NCPDP) Billing

- Pharmacies must coordinate benefits by billing other insurances, including Medicare, before billing Medicaid in accordance with Bulletin Pharmacy 01-03.
- Submission of the NPI: When a pharmacist is the ordering provider of a test, their individual Type 1 NPI should be reported in the Prescriber ID (411-DB) field with Submission Clarification Code (SCC) (420-DK): 13 (Payer Recognized Emergency/Disaster Assistance Request).

Additional pharmacy-specific COVID-19 test billing instructions will be published at: https://michigan.magellanrx.com/provider/ and also incorporated into the Pharmacy Claims Processing Manual at: https://michigan.magellanrx.com/provider >> Documents >> Manuals.

Cost Sharing Exemption

COVID-19 laboratory services will continue to be covered without co-payment. This includes COVID-19 home testing kits dispensed by a Medicaid-enrolled pharmacy. Providers should not collect pharmaceutical co-pays for COVID-19 home testing kits.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Adriena Krul-Hall via e-mail at krulhalla@michigan.gov.

Please include "COVID-19 Response: Updates to COVID-19 Testing Coverage" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information in this bulletin is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved

Kate Massey, Director
Medical Services Administration