

Bulletin Number: MSA 20-17

Distribution: All Providers

Issued: April 1, 2020

Subject: COVID-19 Response: Updated ICD-10-CM Coding Guidance; Update to COVID-19 Testing Coverage; Exemption of Co-Pays for Services to Treat Coronavirus Disease 2019

Effective: Immediately

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), Children's Special Health Care Services (CSHCS), MI Health Link

In response to the Governor's directive to assist beneficiaries with costs associated with COVID-19 treatment, the Michigan Department of Health and Human Services (MDHHS) will exempt beneficiaries with a confirmed diagnosis of COVID-19 of co-pays associated with medically necessary treatment of the illness. This policy also introduces COVID-19 related diagnosis codes and provides an update to COVID-19 testing procedure codes.

Updated ICD-10-CM Coding Guidance

The ICD-10-CM Coordination and Maintenance Committee announced that it will adopt the World Health Organization (WHO) code U07.1 (COVID-19) diagnosis code effective April 1, 2020, rather than October 1, 2020, as previously indicated. Code U07.1 should be reported only for confirmed cases and is designed to be the primary code with pneumonia and all other manifestations coded in addition to U07.1. Prior to April 1, 2020, providers should report confirmed cases of COVID-19 using B97.29 (Other coronavirus as the cause of diseases classified elsewhere) in accordance with the interim coding guidance provided by the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>. Providers should continue to follow the interim guidelines for unconfirmed cases, including suspected exposure or symptoms, and are encouraged to monitor the ICD-10-CM Coordination and Maintenance Committee website (<https://www.cdc.gov/nchs/icd/icd10cm.htm>) for updated coding information.

Update to COVID-19 Testing Coverage

Medically necessary diagnostic testing for the COVID-19 virus is a covered benefit for Medicaid. Currently, there are three new Healthcare Common Procedure Coding System (HCPCS) codes for providers who need to test patients for COVID-19:

- U0001 - CDC 2019 Novel Coronavirus (COVID-19) Real-Time RT-PCR Diagnostic Panel
- U0002 – COVID-19 Coronavirus, SARS-CoV-2, any technique, multiple types or subtypes (includes all targets), non-CDC
- 87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

U0001 and U0002 are effective for dates of services on or after February 4, 2020; 87635 is effective for dates of services on or after March 13, 2020.

Fee screen information is maintained on the appropriate database or fee schedule on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters are accessible via the Medicaid Code and Rate Reference tool within the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

This information is provided in addition to MDHHS guidance released on March 17, 2020, in letter L 20-16 (www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Numbered Letters >> 2020).

Exemption of Co-Pays for Services to Treat COVID-19

To reduce barriers for beneficiaries seeking medical services, MDHHS will exempt co-pays **directly associated** with the medically necessary treatment of the illness for beneficiaries with a confirmed diagnosis of COVID-19. Beneficiaries will not incur, and providers should not collect, co-pays for medically necessary COVID-19 related services delivered either face-to-face or via telemedicine when provided by a qualified Medicaid provider in compliance with current Medicaid policy.

Claims submitted with ICD-10-CM code B97.29 or U07.1 at the header for institutional invoices or on the line for professional invoices will not be subject to co-pays. Practitioners should identify these diagnosis codes on prescriptions written for the treatment of COVID-19 to ensure that pharmacy co-pays can be waived in accordance with this policy.

Pharmacy Co-Pays

MDHHS is waiving co-pays for beneficiaries at point-of-sale for drug products to treat COVID-19. Both Fee-for-Service (FFS) and managed care pharmacy claims using the National Council for Prescription Drug Programs (NCPDP) claim format should be submitted using one of the options below. This will ensure that prescriptions for the treatment of COVID-19 will not be subject to co-pays at point-of-sale or during post-adjudication cost share invoicing processing for a patient diagnosed with COVID-19.

- **Diagnosis Code:** Pharmacy claims should be submitted with ICD-10-CM code B97.29 or U07.1 when either diagnosis code is reported on the prescription order. The new COVID-19 specific diagnosis code (i.e. U07.1) will be available effective April 1, 2020 and after.
- **Prior Authorization Type Code:** In instances where the prescription does not include a COVID-19 diagnosis code and the pharmacy understands the prescription is for the treatment of COVID-19, the pharmacy shall submit the Prior Authorization Type Code value of “4” (4 = Exemption from Co-pay and/or Co-insurance) in NCPDP Field 461-EU. Pharmacies that are unable to submit these indicators should contact the Magellan Pharmacy Technical Call Center at 877-624-5204 for a co-pay override.
- **Help Desk Override Request:** For overrides on FFS claims, call the Magellan Pharmacy Technical Call Center at 877-624-5204. For Medicaid Health Plan contact information, visit www.michigan.gov/MCopharmacy.

The suppression of COVID-19 related co-pays is effective for dates of service beginning January 1, 2020. Non-pharmacy providers who have already submitted claims for services and collected co-pays with a B97.29 diagnosis code should refund this amount to the beneficiary. Affected claims will automatically be reprocessed to receive the full amount. Pharmacies who have submitted claims for COVID-19 treatment should refund co-pay amounts to the beneficiary. Pharmacies must resubmit claims to receive the full amount.

Claims affected by this policy will process correctly beginning March 30, 2020.

Suppression of COVID-19 related service co-pays and pharmacy co-pays will be in effect through the month of April 2020 or until the first of the month following the termination of the Governor’s Declaration of a State of Emergency Order (2020-04, COVID-19), whichever is later.

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 Margo Sharp, Policy Specialist, via e-mail at:

E-mail: SharpM1@michigan.gov

Please include "COVID-19 Response: Updated ICD-10-CM Coding Guidance; Update to COVID-19 Testing Coverage; Exemption of Co-Pays for Services to Treat Coronavirus Disease 2019" in the subject line.

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

Manual Maintenance

Information 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 an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration