New York State Medicaid Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19)

Recently, a new coronavirus - 2019 Novel (New) Coronavirus – that was first detected in China is now spreading worldwide. This virus causes a disease called COVID-19 and can lead to fever, cough and shortness of breath. There are thousands of confirmed cases in a growing number of countries internationally and the virus is now spreading in the United States. Investigations are ongoing to learn more about this virus.

The New York State Department of Health (NYSDOH) is coordinating with federal and local partners to respond to COVID-19 as information becomes available. Reported illnesses have ranged from mild respiratory symptoms, similar to a cold, to severe illness, resulting in pneumonia and even death. Providers should have an emergency preparedness plan in place for their facilities. The latest NYS-specific information can be found on the NYSDOH website at the following link: https://www.health.ny.gov/diseases/communicable/coronavirus/.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Treatment: Currently there is no available antiviral to treat COVID-19, though some international clinical trials are underway.

Vaccine: At this point there is not a vaccine for COVID-19. If a vaccine is developed, this guidance document will be updated.

Identification and Testing of Persons Under Investigation (PUI): Currently COVID-19 tests are being conducted at the CDC, the NYS Wadsworth Center, and the New York City Public Health Laboratory. Tests performed for suspected individuals at these current public health sites are provided at no cost. Additionally, some hospitals and commercial laboratories are now authorized to perform COVID-19 testing. Providers should follow CDC guidance for evaluating members with suspected illness. This information can be found on the CDC website at the following links: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html and https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

When a test is ordered and referred to a public health lab, it is critical that the order form included with the test sample is legible and completed in its entirety.

Healthcare providers should regularly check the NYS DOH website for the latest guidance on reporting of suspected cases of COVID-19 as the outbreak evolves. https://www.health.ny.gov/diseases/communicable/coronavirus/providers.htm

Coverage and Copays: Some commercial laboratories have been granted approval to test for COVID-19. To ensure that cost-sharing is not a barrier to testing, NYS Medicaid will cover services including testing for COVID-19 and for physician, clinic, and emergency visits without copays for members when the purpose of the visit is testing for COVID-19. Providers should follow CDC coding guidelines below when submitting claims to Medicaid.

Coding: NYS Medicaid will add Healthcare Common Procedure Coding System (HCPCS) codes as they become available. In February 2020, CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC

testing laboratories to test patients for COVID-19. The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for COVID-19. This second HCPCS code should be used for tests developed by these additional laboratories when submitting claims to Medicaid. HCPCS code U0002 will be reimbursed at an interim fee. For additional information please see the laboratory fee schedule at the following link: https://www.emedny.org/ProviderManuals/Laboratory/index.aspx

Providers should follow CDC ICD-10-CM Official Coding Guidelines (https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf) when selecting a diagnosis code to ensure proper reporting.

Claims submitted for COVID-19 tests and practitioner office visits for the purpose of COVID-19 testing and evaluation should be identified as an emergency by reporting as Emergency Indicator = Y. Institutional providers (emergency department, hospital outpatient/diagnostic and treatment center, FQHC, and hospital inpatient) should report Type of Admission Code = 1 to indicate an emergency when the purpose of the visit is to receive a test or evaluation related to COVID-19.

Pharmacy: Medicaid covers a 90-day supply for most prescription and over-the-counter (OTC) maintenance medications. Practitioners and pharmacists should consider 90-day supplies of long-term maintenance medications for individuals in quarantine. Medicaid Managed Care questions regarding policy and billing guidance for 90-day supplies should be directed to the enrollee's Medicaid Managed Care plan.

Telehealth: NYS Medicaid expanded coverage of telehealth services in 2019. Per Insurance Law and Public Health Law, services that are covered under a comprehensive health insurance policy or contract cannot be excluded when the service is delivered via telehealth. To the extent it is practical, the Department encourages the use of telehealth to provide COVID-19 related services to Medicaid members. More information on the current telehealth policy can be found in the February 2019 Medicaid Update at the following link: https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm

Prevention: COVID-19 can be spread from infected individuals to others through close personal contact and through the air by coughing and sneezing. Providers should encourage their patients to practice good hand washing, avoid touching their faces as much as possible, and avoid unnecessary contact with individuals who are ill.

Additional guidance can be found on the CDC website: https://www.cdc.gov/coronavirus/2019-nCoV/summary.html

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

Questions:

Medicaid Fee-for-Service (FFS) coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP), Division of Program Development and Management at (518) 473–2160.

- Medicaid Managed Care (MMC) general coverage questions should be directed to the OHIP, Division of Health Plan Contracting and Oversight at: covques@health.ny.gov or (518) 473–1134.

- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC plan.
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343–9000.