



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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**Eric C. Friedlander
Acting Secretary**

**Lisa D. Lee
Commissioner**

March 11, 2020

TO: All Medicaid Providers
Provider Letter A-105

RE: COVID-19 Guidance

Dear Medicaid Providers:

The Department for Medicaid Services (DMS) continues to monitor COVID-19 and is implementing policies to reduce barriers to care for our members, limit the administrative burden for providers, and reduce the number of infected individuals within our communities. Specific policies related to COVID-19 testing and treatment include:

- Waiving all cost sharing for services associated with COVID-19, including:
 - Claims with diagnosis codes B97.29 (actual diagnosis), Z03.818 (possible exposure) or Z20.828 (actual exposure). Providers should follow CDC-ICD-10-CM Official Coding Guidelines, found at this link <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.
 - Laboratory copayments – please note: HCPCS code (U0001) should be used 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. 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.
 - Medications used to treat underlying respiratory disease.

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- Encouraging the use of telehealth, when possible. Currently, telehealth coverage and reimbursement requirements are outlined in 907 KAR 907 3:170.
- In order to reduce in-person trips to medical facilities, DMS will add the following codes on a temporary basis for brief communications with established patients:
 - G2012 to be utilized for telephone calls between physician and patient, including FaceTime; and
 - G2010 to be utilized for remote evaluation, such as email, of recorded video or images submitted by a patient.
- Eliminating prior authorizations for COVID-19 related services, including hospitalizations and office visits.
- Allowing early refill to allow 30, 60, or 90 day supply of medication. Practitioners should consider 90-day supplies of long-term maintenance medications for individuals in quarantine. Medicaid Managed Care questions regarding policy and guidance for 90-day supplies should be directed to the enrollee's Medicaid Managed Care Plan.

DMS will follow Medicare policy regarding reimbursement for codes U0001, U0002, G2012, and G2010. The codes will be retroactively effective on February 4, 2020 but will not be billable until after April 1, 2020.

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.

We have worked closely with our Managed Care Organizations (MCO) regarding the development of these policies and they, too, are implementing the same policies related to identification and treatment of COVID-19.

We will continue to coordinate with federal and local partners to respond to COVID-19 as information becomes available and will provide updates as necessary.

For up-to-date information regarding COVID-19, you may visit www.kycovid19.ky.gov or call the COVID-19 hotline number at 1-800-722-5725.

Thank you,



Lisa D. Lee, Commissioner