

Bulletin Number: MSA 20-40

Distribution: Practitioners, Outpatient Hospitals, Federally Qualified Health Centers (FQHC), Local Health Departments, Rural Health Clinics (RHC), Pharmacy, and Laboratories

Issued: May 11, 2020

Subject: COVID-19 Response: Emergency Services Only Beneficiaries and Coverage of Testing and Treatment of COVID-19

Effective: March 10, 2020

Programs Affected: Emergency Services Only (ESO)

Consistent with public health emergency conditions at both the state and federal level related to COVID-19, the Michigan Department of Health and Human Services (MDHHS) is issuing this policy effective March 10, 2020. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

Effective for dates of service on or after March 10, 2020, in addition to currently covered ESO services, medically necessary COVID-19 testing and treatment services provided to ESO beneficiaries will be covered as follows:

- Evaluation and management services provided in an outpatient setting, such as a physician office or clinic. These services may be provided in person or via telemedicine/telephone per current Medicaid policy;
- Diagnostic testing (including COVID-19 laboratory testing and radiology services);
- Medications;
- Medical supplies;
- Coverage includes any treatment described above as a precautionary measure for an anticipated positive test result; and
- Follow-up services, such as outpatient visits and medications, may be covered for individuals who test positive for COVID-19.

Billing and Cost Sharing Considerations

When the purpose of the visit is for testing, evaluation, and/or treatment related to COVID-19, claims should be identified as an emergency service.

- Professional claim format: Report Emergency Indicator = "Y".
- When billing Institutional claim format, Institutional billing guidelines should be followed to report services as an emergency.
- For pharmacy claims, practitioners should identify the appropriate COVID-19 diagnosis code on prescriptions and pharmacies should report both the diagnosis code and the required level of service value of '03'.

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. See bulletin MSA 20-17, issued April 1, 2020, for more information. The bulletin can be found at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

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 Matthew Hambleton via e-mail at:

E-mail: HambletonM@Michigan.gov

Please include "COVID-19 Response: Emergency Services Only Beneficiaries and Coverage of Testing and Treatment of COVID-19" 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. 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