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March 17, 2020

# MEDICAID BULLETIN

TO: All Providers

SUBJECT: Coronavirus Disease 2019 (COVID-19) Temporary Policy Updates

On Friday, March 13, 2020, President Donald Trump declared a national emergency due to the coronavirus disease 2019 (COVID-19), U.S. Department of Health and Human Services Secretary Alex Azar issued an 1135 blanket waiver, and Governor Henry McMaster declared a state of emergency for the state of South Carolina. As a part of the state's preparation and response to COVID-19, the South Carolina Department of Health and Human Services (SCDHHS) is announcing several policy changes to protect the health and well-being of South Carolina Healthy Connections Medicaid members by ensuring ongoing access to care. The temporary policy changes outlined below will give providers needed flexibility to help ensure Healthy Connections Medicaid members continue to have access to care while supporting important social distancing measures.

These policy changes are a part of SCDHHS' ongoing efforts to stop the spread of COVID-19 and other respiratory viruses in South Carolina. Please note that while the services described below will be covered according to the effective dates listed under each policy, SCDHHS and South Carolina's Medicaid managed care organizations (MCOs) will be able to accept and process claims for these policy changes beginning April 1, 2020.

SCDHHS expects these policy changes to sunset at the appropriate time, as determined by SCDHHS, after the COVID-19 outbreak has subsided. Sunset dates and additional policy changes related to SCDHHS' response to the COVID-19 outbreak will be communicated through future provider bulletins. Providers are advised that this includes temporary policy changes regarding telehealth coverage that will be communicated in a separate, forthcoming provider bulletin.

## **Coverage of COVID-19 Testing**

Effective for dates of service on or after February 4, 2020, SCDHHS will reimburse for COVID-19 testing, using HCPCS codes U0001 (Centers for Disease Control and Prevention [CDC]) and U0002 (non-CDC), without prior authorization or co-payment. Billing for these tests must conform to general billing standards and the definitions established for each HCPCS code.

When providing care to Healthy Connections Medicaid members suspected or confirmed to have COVID-19, providers should adhere to diagnosis code guidance provided by the CDC. CDC's announcement of the code is <u>available here on CDC's website</u>. CDC's official coding guidelines are <u>available here on CDC's website</u>.



### **Waiver of Patient Cost Share**

Effective for dates of service on or after March 15, 2020, SCDHHS will waive co-payments for all evaluation and management (E/M) codes. A link to provider manuals, fee schedules, and schedule of copayments can be found <a href="here">here</a> on SCDHHS' website.

# **Pharmacy Benefit**

Effective for dates of service on or after March 15, 2020, pharmacies providing medications to fee-for-service beneficiaries may bypass early refill denials, as allowed by law, submitting a value of "9" (Emergency Preparedness) in the Prior Authorizations Type Code (461-EU) field.

## **Ambulatory Care Visit Limit**

Effective for dates of service on or after March 15, 2020, SCDHHS will suspend the annual limit of 12 ambulatory care visits. The provision of any services billed to Medicaid must meet standard requirements for medical necessity.

### **Infusion Centers**

Effective for dates of service on or after March 15, 2020, SCDHHS will waive the requirement that direct supervision by a physician, nurse practitioner, or physician assistant be provided for care delivered in infusion centers. All other requirements continue to apply.

## **Latest Public Health Guidance, Information and Resources**

Medicaid providers and Healthy Connections Medicaid members should continue to refer to the <u>CDC</u> and <u>South Carolina Department of Health and Environmental Control</u> (DHEC) websites for the latest information and resources not specific to an SCDHHS program or benefit. This includes checking the CDC and DHEC websites for the latest guidance on how to prevent the spread of the virus, and appropriate care for individuals with suspected or confirmed illness.

/s/ Joshua D. Baker