

Procedure and Diagnosis Code Guidance for COVID-19 Testing

There are two new HCPCS codes and one new CPT code designated for Coronavirus testing. Medicaid healthcare providers who test members for the Coronavirus using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for the test using the newly created HCPCS code U0001. HCPCS code U0002 may be used by laboratories and healthcare facilities to bill Medicaid that choose to adopt this new code for non-CDC tests, effective for dates of service on or after February 4, 2020.

CPT code 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, may be used by laboratories and healthcare facilities to bill Medicaid, effective March 13, 2020. Use of code 87635 will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test.

Medicaid will cover the transportation and collection of specimens related to testing for COVID-19.

To address the urgent clinical need to report (and track) antibody testing, the CPT Editorial Panel has revised one code and established two additional codes to provide increased specificity to report serologic laboratory testing. In addition to the revision of code 86813, code 86328 was established as a child code to 86318 to report a qualitative or semi quantitative single-step method immunoassay for SARS-Cov-2 (COVID-19) antibody(ies). Code 86769 was established to report an antibody test for SARS-Cov-2 using a multiple step method. Note that code 86769 will be a child code under parent code 86710. More information on these codes may be found in the [American Medical Association Special Edition CPT Assistant Guide](#).

Specific coverage on CPT or HCPCS codes are found in the [Utah Medicaid Coverage and Reimbursement Code Lookup](#). The Coverage and Reimbursement Code Lookup allows providers to search for coverage and reimbursement information by procedure code, date of service, and provider type.

Coding encounters related to COVID-19 Coronavirus Outbreak

The CDC has provided official diagnosis coding guidance for health care encounters and deaths related to the 2019 Novel Coronavirus (COVID-19) previously named 2019-nCoV.

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

The guidance is intended to be used in conjunction with the current ICD-10-CM classification and the ICD-10-CM Official Guidelines for Coding and Reporting (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available: https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

One ICD-10-CM code for COVID-19 will become effective April 1, 2020: U07.1 COVID-19. Official addenda and/or guideline information is expected to be updated prior to April 1, 2020.

Co-payments related to COVID-19

Effective March 1, 2020, Utah Medicaid has waived all Medicaid member co-payments for testing and services related to COVID-19 in accordance with HR 6201, Families First Coronavirus Response Act.

Pharmacy claims processed with a diagnosis code of U07.1 (diagnosis of COVID-19) will override the copay requirement effective April 1, 2020.

Pharmacy Delivery and Mailing Reimbursement is Available using NCPDP Submission Clarification Code

Pharmacy point of sale claims when submitted with NCPDP field 479-H8, will include either delivery fee or postage fee. As follows; 479-H8 with value "01" = \$2.00 per claim delivery fee or 479-H8 with value "03" = \$1.00 per claim postage fee.

Early Pharmacy Refills are Allowed in Certain Circumstances

Too Soon Edit Bypass Using NCPDP Submission Clarification Code 13

Utah Medicaid is temporarily modifying certain policy conditions to allow for early refills of medication if the prescription allows.

In response to the COVID-19 national public health emergency declaration¹, Utah Medicaid will activate the NCPDP pharmacy submission clarification code (SCC), NCPDP File (420-DK) on pharmacy claims processed at the point of sale. When a pharmacy adds the SCC 13 (Payer Recognized Emergency/Disaster Assistance Request) code to a pharmacy claim, it will override the NCPDP Reject Code 79, bypassing the refill too soon to edit on the claim. For Utah, refill too soon methodology is set at 80% for non-controls and controlled medications and 100% for opioid medications. Bypassing this edit with SCC 13 will allow a member to receive an additional quantity (day supply) of prescribed medicines. Using SCC 13 will not bypass other edits, including but not limited to opioid MME limits, prior authorization requirements, monthly quantity limits, etc. All claims may be subject to post-payment review.

<https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

REFILL TOO SOON OVERRIDE (NCPDP Reject Code 79)	SUBMISSION CLARIFICATION CODE (420-DK): 13 = Payer-Recognized Emergency/Disaster Assistance Request
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In the event of an emergency the pharmacy is authorized to dispense up to a 72 hour emergency supply for medications that require a prior authorization. A dispensing pharmacy may submit this attachment on the website: <https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/72HourSupply.pdf> for authorization OR use the standard NCPDP fields outlined below to complete at the Point of Sale (POS). All subsequent claims must satisfy prior authorization criteria or other limitations for the medication.

72 HOUR EMERGENCY OVERRIDE	PA TYPE CODE (461-EU): 2 (Med Cert) PA # (462-EV): 72 (Emergency Supply)
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