MVPFASTFAX

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Important News for Providers

New York COVID-19 Update – May 7, 2020

COVID-19 Treatment

Effective, 4/1/2020 through 5/31/2020, MVP will waive Member cost-share for the treatment of COVID-19 at any site of service, including inpatient hospitalizations and emergency room visits. Self-funded employer groups have the option to offer treatment coverage to their employees with no member cost-share.

Treatment of COVID-19 is defined as supportive therapies to maintain respiratory and other organ functions; mental health services are not included when diagnosis code U07.1 is used. Behavioral health telehealth visits are covered with no cost-share to the Member during the State of Emergency.

To ensure Member cost-share is waived for all applicable Members, bill the following code **as the primary diagnosis** for the **treatment of COVID-19:**

Diagnosis Code	Description
U07.1	COVID-19, virus identified

For COVID-19 treatment performed 4/1/2020 or after, bill U07.1 as the primary diagnosis on the claim except:

- For obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.
- For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock.
- For a pneumonia case confirmed as due to COVID-19, assign codes U07.1 and J12.89 (other viral pneumonia).
- For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8 (acute bronchitis due to other specified organisms).
- For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1 and J80 (acute respiratory distress syndrome).

For more information, visit **cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf.**

COVID-19 Diagnostic Testing

Claims billed with the following ICD-10 codes **as the primary diagnosis** for office, Emergency Department, or Urgent Care Center visits that are for the **primary purpose of testing** will not apply a cost-share:

- Z03.818
- Z20.828

In addition, effective 3/13/2020, the following codes will be covered at **no cost-share for commercial members**:

- R05
- R06.02
- R50.9

COVID-19 Antibody Testing

Only a small number of the serologic assays to identify antibodies to SARS-CoV-2 are officially approved by the FDA. Providers are strongly encouraged to only use the tests officially approved by the FDA, as recommended by the New York

To view a summary of all updates, visit **mvphealthcare.com/Providers/COVID19.**

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State Department of Health. Information about the tests are found on the FDA's website at: **www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd**.

If performed, use the following codes to ensure member cost-share is waived:

CPT Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)

Providers should be aware of the following when ordering serologic assays for COVID-19:

- Serologic tests should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection.
- Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus.
- Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus strains seen with the common cold.
- Testing will not provide any information on a person's immunity or risk of re-infection, but rather just that someone has been exposed.

In addition, the following lab codes will also be covered at **no cost-share to the member**:

CPT Code	Description
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), amplified probe technique
U0001	Reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
U0002	Reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

Medicare Members

Effective 3/1/2020, MVP is following the payment rules published in the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, Interim Final Rule with Comment (IFC).

As we notified you on 3/27/2020, during the current State of Emergency related to COVID-19, telehealth visits for Medicare Members will be paid at the same rate as if the visit was in person, **at no cost-share to the Member**. This applies to all services (includes Evaluation & Management (E/M), Mental Health Counseling, and preventive services) that would have otherwise been face-to-face.

In addition, the following new codes should be used for telephone visits with Medicare Members to ensure cost-share is waived:

CPT Code	Description
98966	Telephone assessment and management service by a non-physician, 5-10 min
98967	Telephone assessment and management service by a non-physician, 11-20 min
98968	Telephone assessment and management service by a non-physician, 21-30 min
99441	Telephone assessment and management service by a physician, 5-10 min
99442	Telephone assessment and management service by a physician, 11-20 min
99443	Telephone assessment and management service by a physician, 21-30 min
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual -non-face-to-face communication between a rural health clinic -RHC or federally qualified health center-FQHC

More information about the Interim Final Rule can be accessed here;
federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public

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