

MS Medicaid  
PROVIDER BULLETIN



MISSISSIPPI DIVISION OF  
MEDICAID



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# Mississippi Medicaid Takes Emergency Steps in Response to COVID-19 Outbreak

In early March as Mississippi began preparing for the spread of Coronavirus Disease 2019 (COVID-19), the Mississippi Division of Medicaid (DOM) immediately began consulting with partners at the state and federal levels to determine what steps we could take to support the broader effort to combat the outbreak.

We have been in regular consultation with the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), other state Medicaid programs and the Mississippi State Department of Health (MSDH), just to name a few.

Much of DOM’s response has involved gaining authority from CMS to loosen restrictions and allow faster access to services with less red tape. We’ve moved quickly to implement these temporary

changes while also taking precautions to keep our staff safe and prevent infections. Furthermore, DOM’s medical director, Dr. Carlos Latorre, has worked closely with State Health Officer Dr. Thomas Dobbs at MSDH as part of the state’s response to the outbreak and communicating updates to the public.

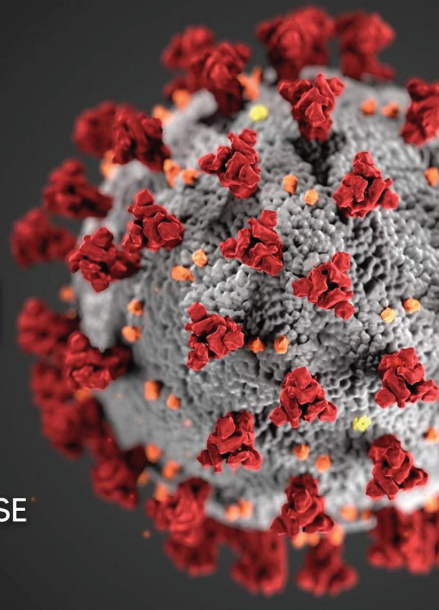
This special edition of the Provider Bulletin contains a roundup of the emergency changes DOM has implemented, as well as links to more resources and information online. As we progress through the peak of this outbreak in Mississippi, DOM will continue to post the latest Medicaid updates and notices on our website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).

We greatly appreciate the extraordinary work our provider community is doing in this unprecedented crisis, and we are here to support you as much as possible. Thank you for your incredible service.

| IN THIS ISSUE                                                                                                             |   |
|---------------------------------------------------------------------------------------------------------------------------|---|
| Mississippi Medicaid Responds to Coronavirus Outbreak with Emergency Changes .....                                        | 2 |
| Mississippi Medicaid to Delay Hearings Amid COVID-19 Response .....                                                       | 3 |
| CMS Approves Mississippi Medicaid Request to Increase Access to Needed In-Home Supports for Those in HCBS Programs. . . . | 4 |
| Medicaid Guidance on Billing for COVID-19 Diagnostic Tests. ....                                                          | 4 |
| Corona Virus Laboratory Testing Codes .....                                                                               | 5 |
| Attention: All Providers. ....                                                                                            | 6 |

# MEDICAID EXTENDS TELEHEALTH COVERAGE

ADDITIONAL FLEXIBILITIES IN RESPONSE  
TO CORONAVIRUS OUTBREAK



## Mississippi Medicaid Responds to Coronavirus Outbreak with Emergency Changes

### Telehealth Services Extended

In response to the coronavirus outbreak, the Mississippi Division of Medicaid (DOM) has expanded its coverage of telehealth services throughout the state in alignment with Governor Tate Reeves' recommendations on leveraging telemedicine to care for patients while limiting unnecessary travel, clinic visits and possible exposure.

Announced by the governor on March 19, and effective March 1, 2020 through the termination of the public health emergency, DOM's Emergency Telehealth Policy allows additional use of telehealth services to combat the spread of Coronavirus Disease 2019 (COVID-19). Details of enhanced services include the following:

- A beneficiary may access telehealth services from his or her home.
- A beneficiary may use his or her personal cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care with a qualified distant-site provider.

- The requirement for a telepresenter to be present with the beneficiary is waived when the beneficiary receives telehealth services in the home.
- DOM is approving certain provider types to serve as temporary distant site providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).
- Providers must follow the same documentation requirements as if the service was rendered in person, which indicates the service was rendered via telehealth and beneficiary verbal consent is documented.
- Any limitation on the use of audio-only telephonic consultations is waived.

These enhanced telehealth options are available in fee-for-service Medicaid, Medicaid managed care, and the Children's Health Insurance Program.

"We're not taking any chances. We are taking every step necessary to slow the spread of COVID-19 and ensure public health throughout Mississippi. This is about protecting our doctors, our nurses, our healthcare workers, and all Mississippians. Increasing telehealth services across Mississippi limits the potential for exposure and helps combat the spread throughout our communities," said Governor Reeves.

- To learn more, read the Emergency Telehealth Policy: [https://medicaid.ms.gov/wp-content/uploads/2020/04/DOM-Emergency-Telehealth-policy-V4\\_4.10.2020-1.pdf](https://medicaid.ms.gov/wp-content/uploads/2020/04/DOM-Emergency-Telehealth-policy-V4_4.10.2020-1.pdf)
- For frequently asked questions, read the Emergency Telehealth FAQs: <https://medicaid.ms.gov/wp-content/uploads/2020/04/Emergency-Telehealth-FAQ-4.15.2020.pdf>

## 1135 Waiver

On March 24, the agency also received federal approval for an 1135 Medicaid waiver to give the program a wider range of flexibilities during the emergency. The 1135 waiver gives DOM the discretion, when necessary and proper, to relax prior authorization requirements, suspend Preadmission Screening and Annual Resident Review (PASRR) reviews at nursing homes, suspend revalidations for current providers, and expedite new provider enrollment.

“An unprecedented virus requires an unprecedented response,” said Medicaid Director Drew Snyder. “The aggressive steps announced today will help ensure Medicaid beneficiaries continue to have critical access to the care they need while supporting the broader effort to combat COVID-19.”

The Centers for Medicare and Medicaid Services (CMS) issued guidance to all states, which largely granted other flexibilities DOM requested in its waiver, such as allowing care to be provided in alternative settings, revising rules for critical access hospitals, and relaxing telehealth security requirements so that providers can use readily available platforms like FaceTime and Skype to facilitate telehealth visits with patients.

To learn more, see the 1135 Waiver Addendum: <https://medicaid.ms.gov/wp-content/uploads/2020/03/1135-Waiver-Addendum.pdf>

Additional information related to the COVID-19 outbreak will continue to be added to a resource page on the agency’s website: <https://medicaid.ms.gov/coronavirus-updates/>.

Providers are asked to direct their questions to [800-884-3222](tel:800-884-3222).

DOM remains committed to ensuring that Medicaid beneficiaries receive access to care, that Medicaid providers are reimbursed for necessary services, and that taxpayer dollars continue to be spent responsibly.

## Mississippi Medicaid to Delay Hearings Amid COVID-19 Response

Due to the Coronavirus Disease 2019 (COVID-19) outbreak and the state’s efforts in responding to the public health emergency, the Mississippi Division of Medicaid (DOM) has received waiver authority from the Centers for Medicare and Medicaid Services (CMS) to temporarily delay the scheduling of Medicaid Fair Hearings and the issuing of Fair Hearing decisions.

Accordingly, DOM is temporarily postponing the scheduling of Medicaid State Fair Hearings and the issuing of Fair Hearing Decisions until further notice. This includes hearings that have been scheduled as well as future hearings.

Providers and members who already have hearing dates will be contacted with details about rescheduling. Members who have continuation of benefits will continue to receive benefits until final decisions are issued.

Updates will be posted at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) as they become available.

ADDITIONAL SUPPORTS  
IN RESPONSE TO COVID-19

# home & community based services

## CMS Approves Mississippi Medicaid Request to Increase Access to Needed In-Home Supports for Those in HCBS Programs

In response to the COVID-19 outbreak, the Mississippi Division of Medicaid (DOM) has increased the availability of certain in-home supports for individuals enrolled in home and community based programs.

The Centers for Medicare and Medicaid Services (CMS) in April approved DOM's requests, known as Appendix K: Emergency Preparedness and Response. These Appendix K requests allow states to amend the scope of services outlined in 1915(c) Home and Community Based Services waivers in response to an emergency.

Among those flexibilities, DOM has been granted the authority to increase home-delivered meals services to participants on the Elderly and Disabled Waiver, as well as adding home delivered meals of up to two meals per day to participants of the Independent Living (IL), and Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) waivers.

At the same time, DOM was given the authority to increase the pool of available providers by:

- Waiving or delaying some of the current provider credentialing requirements

- Allowing operating agencies to contract with other agency providers to deliver these services

To learn more, visit <https://medicaid.ms.gov/cms-approves-doms-appendices-k-emergency-preparedness-and-response-2/>, and find the documents linked on each waiver's webpage.

## Medicaid Guidance on Billing for COVID-19 Diagnostic Tests

The Mississippi Division of Medicaid has added new procedure codes that can be used by providers and laboratories to bill for certain Coronavirus Disease 2019 (COVID-19) diagnostic tests to increase the testing and tracking of new cases.

The Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 were developed by the Centers for Medicare and Medicaid Services (CMS). The new COVID-19 diagnostic testing codes are now available for billing in the claims processing system and will apply to dates of service on or after Feb. 4, 2020.

The HCPCS code U0001 is specifically used for CDC testing laboratories to test patients for SARS-CoV-2. HCPCS code U0002 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

The published fees for the two codes are:

- U0001 = \$32.33
- U0002 = \$46.20

These fees do not include cutbacks, assessment fees, etc. Payment is not guaranteed.

For more information on the coverage or the evaluation and testing of COVID-19, find the following resources online:

- Medicaid and CHIP Coverage and Payment Related to COVID-19:  
<https://www.cms.gov/files/document/03052020-medicaid-covid-19-fact-sheet.pdf>
- CDC Guidance on Evaluating and Testing Persons for COVID-19:  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

| Coronavirus Laboratory Testing Codes |                                                                                                                                                                                                                           |                                 |                      |                         |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|-------------------------|
| Code                                 | Code Description                                                                                                                                                                                                          | Z1 Fee on File<br>Medicaid Rate | O1 OUTPT<br>HSP Rate | Effective Begin<br>Date |
| U0001                                | CDC 2019 NOVEL CORONAVIRUS (2019-<br>NCOV) REAL-TIME RT-PCR DIAGNOSTIC<br>PANEL                                                                                                                                           | \$32.33                         | \$32.33              | 2/4/2020                |
| U0002                                | 2019-NCOV CORONAVIRUS, SARS-COV-<br>2/2019-NCOV (COVID-19), ANY TECHNIQUE,<br>MULTIPLE TYPES OR SUBTYPES (INCLUDES<br>ALL TARGETS), NON-CDC                                                                               | \$46.20                         | \$46.20              | 2/4/2020                |
| 87635                                | INFECTIOUS AGENT DETECTION BY NUCLEIC<br>ACID (DNA OR RNA); SEVERE ACUTE<br>RESPIRATORY SYNDROME CORONAVIRUS 2<br>(SARS-COV-2) (CORONAVIRUS DISEASE<br>[COVID-19]) AMPLIFIED PROBE TECHNIQUE                              | \$46.20                         | \$46.20              | 3/13/2020               |
| G2023                                | Specimen collection for severe acute<br>respiratory syndrome coronavirus 2 (sars-<br>cov-2) (coronavirus disease [covid-19]), any<br>specimen source                                                                      | \$21.11                         | N/A                  | 3/1/2020                |
| G2024                                | Specimen collection for severe acute<br>respiratory syndrome coronavirus 2 (sars-<br>cov-2) (coronavirus disease [covid-19]) from<br>an individual in a snf or by a laboratory on<br>behalf of a hha, any specimen source | \$22.91                         | N/A                  | 3/1/2020                |

## Attention: All Providers

### Cost-Sharing Waived for COVID-19 Related Services

In order to comply with Section 6008(b)(4) of the Families First Coronavirus Response Act, the Division of Medicaid (DOM) is suspending cost-sharing for COVID-19-related testing, treatment, and services, including vaccines, prescription medications, specialized equipment and therapies, regardless of ultimate diagnosis, starting with dates of service (DOS) on or after March 1, 2020, until the end of the COVID-19 emergency.

Providers – whether medical or pharmacy – are prohibited from collecting copayments from Medicaid beneficiaries.

DOM is in the process of implementing claims system updates to allow the use of a copay exception code on the claim in the Medicaid beneficiary ID field indicating that the service was COVID-19 related. Once this implementation has been completed, providers must place the copay exception code “V” as a suffix to the beneficiary’s Medicaid ID number to avoid a copayment deduction from the claim’s total payment amount.

Providers will be notified through a Late Breaking News article when the system update has been made, at which time copayments may be charged for non-COVID-19-related treatments and services.

### Medical Claims (CMS-1500 and UB-04)

As part of the system update, DOM will mass adjust medical fee-for-service (FFS) claims for dates of service March 1, 2020, up to the date of the completion of the system update, reversing the copay deduction from the claim’s payment amount. Medical providers are required to refund copayments to beneficiaries who have paid a copayment from March 1, 2020, up to the date of the system update.

After the system change, medical providers must include the “V” suffix on all COVID-19-related claims as described above and are allowed to charge copayments for non-COVID-19-related treatments and services.

### Pharmacy Claims (NCPDP D.0)

All pharmacy claims with DOS March 1, 2020, through April 2, 2020, on which a \$3.00 copay was charged have already been adjusted, reflecting a \$3.00 credit on remittance advice statements dated April 6 and April 13, 2020. Pharmacy providers are required to refund \$3.00 copayments to beneficiaries who have already paid \$3.00 copayments.

No copayments were charged on pharmacy claims for DOS April 2, 2020, through April 8, 2020. Claims after this date until the system change is implemented will show a \$3.00 deduction for copayment. However, this will be credited back to pharmacies after the system change is made.

After the system change until the end of the COVID-19 emergency, Pharmacy providers should enter a “V” immediately after the beneficiary ID when:

- The prescriber has indicated a diagnosis of COVID-19 on the prescription,
- The prescriber notates the beneficiary may have COVID-19 illness on the prescription, or
- The beneficiary states that they may have COVID-19 or are being treated for COVID-19.

### Denied Telehealth Claims for Claim Exception Code 0365

DOM and Conduent are aware of the issue where Telehealth claims are denying for claim exception 0365 PROCEDURE/PLACE OF SERVICE CONFLICT. DOM implemented a system fix to correct the issue. Providers will need to resubmit claims. If you have any questions, please contact Conduent Provider and Beneficiary Services at [800-884-3222](tel:800-884-3222).