

KMAP GENERAL BULLETIN 20034

Coronavirus (COVID-19) Coverage

Effective with the processing date of April 1, 2020, retroactive to date of service February 4, 2020, newly created Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 may be used to test for the 2019 Novel Coronavirus (COVID-19). Testing and treatment for COVID-19 will require an order from a qualified provider. These two new HCPCS codes as well as any treatment for COVID-19 will be exempt from Spenddown. System work to accommodate the spenddown changes is currently underway. Please ensure spenddown members receive the appropriate medical care until such time as the claims payment system can issue proper payment for these procedures and diagnoses. An updated bulletin will be distributed once the system updates have been implemented.

Centers for Medicare & Medicaid Services (CMS) took further action to ensure America's healthcare facilities and clinical laboratories are prepared to respond to the threat of the 2019-Novel Coronavirus (COVID-19). Specifically, CMS developed two new Healthcare Common Procedure Coding System (HCPCS) codes for providers and laboratories to test patients for SARS-CoV-2. These codes will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code; which provides better tracking of the public health response for this strain of the coronavirus, and helps protect people from the spread of this infectious disease.

Healthcare providers who need to test patients for Coronavirus using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001).

HCPCS code (U0002) can be used by laboratories and healthcare facilities for tests which generally describe 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).

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Claims will be exempt from Spenddown when using the CMS approved coding guidelines and diagnosis combinations. The following interim coding guidance has been issued for coding COVID-19 claims:

Pneumonia

For a patient with pneumonia confirmed due to the 2019 novel coronavirus (COVID-19), assign diagnosis codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute Bronchitis

For a patient with acute bronchitis confirmed due to COVID-19, assign diagnosis codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using diagnosis code J40, Bronchitis, not specified as acute or chronic; along with diagnosis code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Lower Respiratory Infection

If COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with diagnosis code J22, Unspecified acute lower respiratory infection, with diagnosis code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If COVID-19 is documented as being associated with a respiratory infection, NOS, it is appropriate to assign diagnosis code J98.8, Other specified respiratory disorders, with diagnosis code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

ARDS

Acute respiratory distress syndrome (ARDS) may develop in conjunction with COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection. Cases with ARDS due to COVID-19 should be assigned the diagnosis codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the

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Exposure to COVID-19

For cases when there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it is appropriate to assign the diagnosis code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

For cases when there is an actual exposure to someone who is confirmed to have COVID-19, it is appropriate to assign the diagnosis code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Prescription drugs for the treatment of Coronavirus COVID-19

Prescriptions for treatment of the coronavirus will be exempt from Spenddown. Qualified providers ordering the treatment are required to document the confirmed diagnosis code of B97.29 on the prescription sent to the pharmacy.

For point-of-sale billing, pharmacy providers need to submit the diagnosis code of B97.29 indicating the prescription is for a confirmed coronavirus COVID-19 diagnosis.

Note: As a reminder, all ICD-10 coding guidelines must be followed.

Note: For the most current information and verification of coverage, access the KMAP Reference Codes page under **Interactive Tools** on the Provider tab of the KMAP public website or under Pricing and Limitations from the KMAP secure website.

Note: The effective date of the policy is April 1, 2020, retroactive to date of service February 4, 2020. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

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