



June 2, 2020

## Re: COVID-19 Provider Guidance and Resource Update

Dear Participating Providers,

We are committed to helping our Gateway Health members gain timely access to care and services. This includes removing any unnecessary financial barriers that may impact needed COVID-19 treatment. Therefore, effective **March 1, 2020**, cost sharing (i.e. copays, deductible, or coinsurance) for all inpatient and outpatient medical services related to COVID-19 will be waived for Gateway Health Pennsylvania Medicaid and Part C Services for Medicare Assured lines of business. This guidance will apply to Gateway Health Ruby members. For Gateway Health Diamond members, please continue to bill Medicaid as secondary.

Whenever possible, members are encouraged to see in-network providers, however this policy applies to both in and out of network providers. Prescription drug cost sharing for Medicaid and Medicare Part D (Prescription Drugs) is still in place.

Gateway Health will apply this payment adjustment to all claims beginning with dates of service on or after **March 1, 2020**. Claims that paid prior to the implementation of the payment adjustment will be reprocessed accordingly. Providers do not need to resubmit impacted claims.

### COVID-19 Claims Submission Guidance to Remove Member Cost Share

- Gateway Health has identified the following as COVID-19 diagnosis codes:

Dates of Service 3/1/20 – 3/31/20	Dates of Service 4/1/20 to present
Z03.818, Z20.828, Z11.59, U07.1	Z03.818, Z20.828, Z11.59, U07.1

Remember the primary reason for the patient's visit indicates the primary Diagnosis Code Pointer that should be used on the claim. The remaining diagnosis pointers are used to indicate the appropriate order of importance in relation to the service being performed.

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients for COVID-19 in pregnancy, childbirth, and the puerperium.

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should receive a principal diagnosis code of O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by code U07.1,

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COVID-19, and the appropriate codes for associated manifestation(s). Please see the following guidance for further information:

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

### **837P – Professional Claim Submission Procedures**

- The COVID-19 diagnosis codes listed above must be entered in Loop 2300 segment HI elements HI01 -2 thru HI12-2.
- The Diagnosis Code Pointer submitted in Loop 2400 segment SV elements 107-1, 107-2, 107-3 and 107-4 should point to an identified COVID-19 diagnosis code to identify the service being performed is related.

#### **Primary Diagnosis**

Loop 2300 HI01-1 = ABK

Loop 2300 HI01-2 = Primary diagnosis possible COVID-19 diagnosis

#### **Other Diagnosis**

Loop 2300 HI01-1 to HI12-1 = ABF

Loop 2300 HI01-2 to HI12-2 = Other diagnosis possible COVID-19 diagnosis

#### **Diagnosis Line Pointers**

Loop 2400 SV107 -01 = point to Primary diagnosis

Loop 2400 SV107 -02 = pointer to Other diagnosis possible COVID-19 diagnosis

Loop 2400 SV107- 03 = pointer to Other diagnosis possible COVID-19 diagnosis

Loop 2400 SV107 -04 = pointer to Other diagnosis possible COVID-19 diagnosis

#### **Example 837P X12:**

HI\*ABK:U071\*ABF:J1289~

LX\*1~

SV1\*HC:71045:26\*40\*UN\*1\*\*\*1:2~

### **837I – Institutional Claim Submission Procedures**

- The COVID-19 diagnosis must be entered in Loop 2300 segment HI elements HI01-2 thru HI03-2.
- The preference to insure that a COVID-19 diagnosis is aligned to the procedure is by entering the COVID-19 diagnosis as either a Primary, Admitting, Patient Reason for Visit or the **first** Other diagnosis code.
- The COVID-19 diagnosis does **not** have to reside in all the below.

#### **Primary Diagnosis**

Loop 2300 HI01-1 = ABK

Loop 2300 HI01-2 = Primary diagnosis possible COVID-19 diagnosis

#### **Admitting Diagnosis**

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Loop 2300 HI01-1= ABJ

Loop 2300 HI01-2 = Admitting diagnosis possible COVID-19 diagnosis

**Patient Reason for Visit**

Loop 2300 HI01-1= APR

Loop 2300 HI01-2 = Patient Reason for Visit diagnosis possible COVID-19 diagnosis

**Other Diagnosis**

Loop 2300 HI01-1 to HI03-1 = ABF

Loop 2300 HI01-2 to HI03-2 = Other diagnosis possible COVID-19 diagnosis

**Example 837I X12:**

HI\*ABK>R7881>>>Y~

HI\*ABJ>R7881~

HI\*ABF>

Z03818>>>>>>Y\*ABF>H6691>>>>>>Y\*ABF>F909>>>>>>Y\*ABF>R05>>>>>>Y\*ABF>R509>>>>>>Y\*ABF>J45909>>>>>>Y~

All of our communications are posted to the resource center which can be accessed by visiting <https://www.gatewayhealthplan.com/coronavirus/provider-covid-19-updates>.

If you have any questions regarding this update please contact Gateway Health's Provider Services Team.

- Medicaid: 1-800-392-1147
- Medicare Assured: 1-800-685-5209

On behalf of Gateway Health, I want to express sincere thanks to all of the essential health care workers providing care and support in our hospitals and doctors' offices.

Best Regards,



Ted Pantaleo

Vice President, Provider Network