Memorandum

To: Sean Kolmer, Oregon Association of Hospitals and Health Systems

From: Lori Coyner, Medicaid Director

Date: May 19, 2020

Subject: COVID-19 Hospital Billing FAQ

COVID-19 Hospital Billing:

Q: What if we are submitting a facility claim that is related to COVID-19?

Consistent with Medicare policy, add condition code DR (Disaster Related).

Q: What if care is provided in a tent outside the ED?

If services are provided in a tent located in close proximity to the ED and the ED staff provides COVID-19 care or non-COVID-19 care, it will be considered an extension of the ED. For professional services, use the CR modifier. For facility fees, use condition code DR.

Q: Which COVID-19 Lab tests are covered?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>U0001</td>
<td>CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel</td>
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<tr>
<td>U0002</td>
<td>2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC.</td>
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<tr>
<td>U0003</td>
<td>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, making use of high throughput technologies.</td>
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**Q. Can an Acute Care Hospital be reimbursed if a resident from a Long-Term Care (LTC) facility with known COVID-19 cases is transferred to the facility for isolation/quarantine?**

OHA will pay for the inpatient hospitalization of LTC resident moved to a hospital for medical reasons, even if the medical reason is to control the spread of infection of a communicable disease. During this public health emergency, the medical reason does not have to be solely based on the acuity level of the resident, again, as long as the resident is being moved to a hospital under an order from a physician or other provider authorized to order such a move. For hospital stays less than 48 hours the hospital can bill as an observation stay per OAR 410-125-0360 (4); any stay that exceeds 48 hours must be billed as inpatient. If a Medicaid client is admitted as an inpatient, OHA will pay hospitals the diagnosis-related group (DRG) rate and any cost outliers for the entire stay. For any COVID-19 related services include the DR condition code.

**Q. Can an Acute Care Hospital be reimbursed if a NON-COVID-19-related patient is ready for discharge to a Long-Term Care (LTC) facility but the LTC facility isn’t accepting residents?**

The Medicaid client can remain in an inpatient setting for medically necessary care, OHA will pay hospitals the diagnosis-related group (DRG) rate and any cost outliers for the entire stay, including any the quarantine time when the patient does not meet the need for acute inpatient care, until the Medicaid client is discharged. For any COVID-19 related services include the DR condition code.

**Q. If a Medicaid client is moved to a private room to avoid infecting other individual how do I bill for this setting?**

These patients may not meet the need for acute inpatient care any longer but may remain in the hospital for public health reasons. Hospitals having both private and semiprivate accommodations may not charge the patient a differential for a private room if the private room is medically necessary. If a Medicaid client is admitted inpatient for medically necessary care, OHA will pay hospitals the diagnosis-related group (DRG) rate and any cost outliers for the entire stay, including any of the quarantine time when the patient does not meet the need for acute inpatient care, until the Medicare patient is discharged.