

## Appendix Z

### Directed Payments Related to COVID-19 (2020)

#### Exhibit 1: Summary of Rate Increases by Service

Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date
<b>Acute Hospital services - DRG specific</b> (See Exhibit 1.A for the specific DRGs subject to the rate increase)*^	20% increase to weights for those DRGs	3/10/2020	The end of the state-declared public health emergency
<b>Acute Hospital services - (inpatient and outpatient)*^</b>	7.5% for base rates for inpatient (including capital and operating standards) and outpatient	4/1/2020	7/31/2020
<b>Ambulance services</b> (See Exhibit 1.B for the codes subject to the rate increase)	50% rate increase	4/1/2020	7/31/2020
<b>Home Health services</b> (See Exhibit 1.C for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/2020
<b>Physician services</b> (See Exhibit 1.D for the codes subject to the rate increase)	15% rate increase	4/1/2020	7/31/2020
<b>Diversionary and Outpatient Behavioral Health services</b> (See Exhibit 1.E.1 for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/2020
<b>Residential Rehabilitation Services</b> (See Exhibit 1.E.2 for the codes subject to the rate increase) <sup>+</sup>	10% rate increase	4/1/2020	7/31/2020
	15% incremental rate increase	5/1/2020	6/30/2020
<b>Early Intervention Services</b> (See Exhibit 1.F for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/2020

\* The "Acute Hospital - DRG Specific services" and "Acute Hospital (inpatient and outpatient) services" rate increases apply to all acute hospitals, including pediatric hospitals, hospitals with pediatric specialty units and specialty cancer hospitals. The rate increases included in this bulletin do not change the requirements found in Section 2.7.D.6 of the Contract related to payment rates for hospitals.

^ For clarity, the "Acute Hospital - DRG Specific services" and "Acute Hospital (inpatient and outpatient) services" rate increases may apply multiplicatively to payment (e.g., for inpatient discharges with DRGs in Exhibit 1.a, where the base rate increases by 7.5% and the weight by 20%).

+ For clarity, the "Residential Rehabilitation Services" rate increases will apply additively to payment between 5/1/2020 and 6/30/2020 (i.e., for Residential Rehabilitation Services in Exhibit 1.e.2, payment will be multiplied as follows: April: 1.1X, May: 1.25X, June: 1.25X, July: 1.1X).

## Exhibit 1.A: Acute Hospital Service DRGs

DRG and SOI	DRG Description
4-1	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-2	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-3	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
5-1	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-2	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-3	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-4	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
113-1	INFECTIONS OF UPPER RESPIRATORY TRACT
113-2	INFECTIONS OF UPPER RESPIRATORY TRACT
113-3	INFECTIONS OF UPPER RESPIRATORY TRACT
113-4	INFECTIONS OF UPPER RESPIRATORY TRACT
120-1	MAJOR RESPIRATORY & CHEST PROCEDURES
120-2	MAJOR RESPIRATORY & CHEST PROCEDURES
120-3	MAJOR RESPIRATORY & CHEST PROCEDURES
120-4	MAJOR RESPIRATORY & CHEST PROCEDURES
121-1	OTHER RESPIRATORY & CHEST PROCEDURES
121-2	OTHER RESPIRATORY & CHEST PROCEDURES
121-3	OTHER RESPIRATORY & CHEST PROCEDURES
121-4	OTHER RESPIRATORY & CHEST PROCEDURES
130-1	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-2	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-3	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-4	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
131-1	CYSTIC FIBROSIS - PULMONARY DISEASE
131-2	CYSTIC FIBROSIS - PULMONARY DISEASE
131-3	CYSTIC FIBROSIS - PULMONARY DISEASE
131-4	CYSTIC FIBROSIS - PULMONARY DISEASE
133-1	RESPIRATORY FAILURE
133-2	RESPIRATORY FAILURE
133-3	RESPIRATORY FAILURE
133-4	RESPIRATORY FAILURE
134-1	PULMONARY EMBOLISM
134-2	PULMONARY EMBOLISM
134-3	PULMONARY EMBOLISM

<b>DRG and SOI</b>	<b>DRG Description</b>
134-4	PULMONARY EMBOLISM
136-1	RESPIRATORY MALIGNANCY
136-2	RESPIRATORY MALIGNANCY
136-3	RESPIRATORY MALIGNANCY
136-4	RESPIRATORY MALIGNANCY
137-1	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-2	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-3	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-4	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
138-1	BRONCHIOLITIS & RSV PNEUMONIA
138-2	BRONCHIOLITIS & RSV PNEUMONIA
138-3	BRONCHIOLITIS & RSV PNEUMONIA
138-4	BRONCHIOLITIS & RSV PNEUMONIA
139-1	OTHER PNEUMONIA
139-2	OTHER PNEUMONIA
139-3	OTHER PNEUMONIA
139-4	OTHER PNEUMONIA
140-1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-3	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-4	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
141-1	ASTHMA
141-2	ASTHMA
141-3	ASTHMA
141-4	ASTHMA
142-1	INTERSTITIAL & ALVEOLAR LUNG DISEASES
142-2	INTERSTITIAL & ALVEOLAR LUNG DISEASES
142-3	INTERSTITIAL & ALVEOLAR LUNG DISEASES
142-4	INTERSTITIAL & ALVEOLAR LUNG DISEASES
143-1	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-2	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-3	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-4	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-1	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-2	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-3	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-4	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES

<b>DRG and SOI</b>	<b>DRG Description</b>
145-1	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-2	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-3	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-4	ACUTE BRONCHITIS AND RELATED SYMPTOMS
720-1	SEPTICEMIA & DISSEMINATED INFECTIONS
720-2	SEPTICEMIA & DISSEMINATED INFECTIONS
720-3	SEPTICEMIA & DISSEMINATED INFECTIONS
720-4	SEPTICEMIA & DISSEMINATED INFECTIONS

### Exhibit 1.B: Codes for Certain Ambulance Services

Code	Description
A0425	Ground mileage (per statute mile) (Loaded Mileage)
A0426	Ambulance service, Advanced Life Support, non-emergency, level 1 (ALS 1)
A0427	Ambulance service, Advanced Life Support, emergency, level 1 (ALS 1 - Emergency)
A0428	Ambulance service, Basic Life Support, non-emergency (BLS)
A0429	Ambulance service, Basic Life Support, emergency (BLS-Emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	Advanced Life Support, Level 2 (ALS 2)
A0434	Ambulance service Specialty Care Transport (SCT)
A0998	Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing)

### Exhibit 1.C: Codes for Home Health Services

Code	Modifier	Service Description
G0299		Services of an RN in home health setting (one through 30 calendar days)
G0299	UD	Services of an RN in home health setting (31+ calendar days)
G0299	U3	Nursing care visit for temporary emergency PCA services
G0300		Services of an LPN in home health setting (one through 30 calendar days)
G0300	UD	Services of an LPN in home health setting (31+ calendar days)
G0300	U3	Nursing care visit for temporary emergency PCA services
G0493		Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care)
T1502		Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
T1503		Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
G0156		Services of Home Health Aide in the home health setting
G0156	UD	Services of home health aide in the home health setting (ADL support) (15 minute units) (PA required prior to start of care)
G0151		Services of Physical Therapist in the home health setting
G0152		Services of Occupational Therapist in the home health setting
G0153		Services of Speech-Language Pathologist in the home health setting
99509		Home health aide visit for temporary emergency PCA services

## Exhibit 1.D: Codes for Certain Physician Services

<b><u>Surgery and Anesthesia</u></b>	95810	99385
	96110	99391
00170	98941	99392
00731	99202	99393
00790	99203	99394
00840	99204	99395
01961	99205	99396
01967	99212	99460
17110	99213	99462
20610	99214	99468
31231	99215	99469
43239	99217	99472
45380	99219	99479
45385	99220	99480
47562	99221	
59400	99222	<b><u>Radiology</u></b>
59409	99223	
59410	99231	70450
59426	99232	70551
59510	99233	70553
59514	99236	71045
66984	99238	71046
88305	99239	71260
88307	99282	72148
	99283	73721
<b><u>Medicine</u></b>	99284	74176
	99285	74177
90460	99291	76801
90461	99292	76811
90471	99308	76816
90834	99309	76817
90960	99341	76819
92004	99342	76830
92012	99343	76856
92014	99344	77067
93010	99345	78815
93306	99347	
95004	99348	
95165	99349	
95712 <sup>1</sup>	99350	
95715 <sup>2</sup>	99381	

<sup>1</sup>This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

<sup>2</sup>This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

## Exhibit 1.E: Codes for Certain Diversionary and Outpatient Behavioral Health Services

### Exhibit 1.E.1 Codes for Diversionary and Outpatient Behavioral Health Services

Service	Code	Description
Applied Behavior Analysis	H2019-U2	Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.)
Applied Behavior Analysis	H2012-U2	Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.)
Applied Behavior Analysis	H0031-U2	Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)
Applied Behavior Analysis	H0032-U2	Mental health service plan development by nonphysician (Supervision for home services by a licensed professional. 15-minute rate.)
Children's Behavioral Health Initiative	H0038	Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner)
Children's Behavioral Health Initiative	H2011-HN	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)
Children's Behavioral Health Initiative	H2011-HO	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)
Children's Behavioral Health Initiative	H2014-HN	Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)
Children's Behavioral Health Initiative	H2014-HO	Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)
Children's Behavioral Health Initiative	H2019-HN	Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)
Children's Behavioral Health Initiative	H2019-HO	Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)
Children's Behavioral Health Initiative	T1027-EP	Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)
Children's Behavioral Health Initiative	H0023-HT	Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 50 slots)
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 80 slots)
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (Forensic program)



<b>Service</b>	<b>Code</b>	<b>Description</b>
Opioid Treatment Services	H0020	Alcohol and/or drug services; methadone administration and/or service (Dosing)
Opioid Treatment Services	H0020/T1006	Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes
Opioid Treatment Services	H0020/H0005	Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes
Opioid Treatment Services	H0020	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes
Opioid Treatment Services	H0004	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes
Acute Treatment Services	H0011*	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services, Facility)
Clinical Stabilization Services	H0010*	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)
Psychological Testing Services	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour (Doctoral level)
Psychological Testing Services	96121	Each additional hour (List separately in addition to code for primary procedure) (Doctoral level)
Psychological Testing Services	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Psychological Testing Services	96131	Each additional hour (List separately in addition to code for primary procedure)
Psychological Testing Services	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Psychological Testing Services	96133	Each additional hour (List separately in addition to code for primary procedure)

<b>Service</b>	<b>Code</b>	<b>Description</b>
Psychological Testing Services	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)
Psychological Testing Services	96137	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)
Psychological Testing Services	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Psychological Testing Services	96139	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)

\*Note: The rate increases described above apply to all code(s) used by managed care plans for this service.

**Exhibit 1.E.2 Codes for Residential Rehabilitation Services**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Youth Residential Rehabilitation Services	H0019-HA	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Transitional Age Youth and Young Adult Residential Rehabilitation Services	H0019-HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Pregnant Residential Rehabilitation Services	H0019-TH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Co-Occurring Enhanced Residential Rehabilitation Services	H0019-HH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

### **Exhibit 1.F: Codes for Early Intervention Services**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Early Intervention	H2015	Child visit – day care
Early Intervention	H2015	Child visit – hospital
Early Intervention	H2015	Child visit
Early Intervention	T1015	Center-based individual
Early Intervention	96165-U1	EI-only child group (15 minutes)
Early Intervention	96164-U1	EI-only child group (30 minutes)
Early Intervention	96165-U2	Community child group (15 minutes)
Early Intervention	96164-U2	Community child group (30 minutes)
Early Intervention	T1027	Parent-focused group
Early Intervention	T1023	Screening
Early Intervention	T1024	Assessment

## Exhibit 2: Codes for Services Related to COVID-19 Specimen Collection and Testing Minimum Payment Requirement

### Exhibit 2.A - Specimen Collection

CODE	FOR DATES OF SERVICE ON OR AFTER	DESCRIPTION
G2023	March 12, 2020	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source;
G2024	March 12, 2020	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
G2023 CG	May 22, 2020	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.]
G2024 CG	May 22, 2020	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.]

Exhibit 2.B - Diagnostic and Laboratory Testing Services

<b>CODE</b>	<b>FOR DATES OF SERVICE ON OR AFTER</b>	<b>DESCRIPTION</b>
U0002	March 12, 2020	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).
87635	March 12, 2020	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
U0003	March 18, 2020	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 as described by CMS-2020-01-R.
U0004	March 18, 2020	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
86328	April 10, 2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
86769	April 10, 2020	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).