



PROVIDER QUICK TIPS

#243

Use of the CR Modifier and DR Condition Code for COVID-19 Disaster/Emergency Related Claims

On March 6, 2020, Governor Tom Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 virus in Pennsylvania. The COVID-19 outbreak was declared a national emergency under the Stafford Act on March 13, 2020, and a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The [Centers for Medicare and Medicaid Services \(CMS\) Medicare Claims Processing Manual](#) includes guidance for use when there is a national emergency or a public health emergency to facilitate tracking of services and items provided to beneficiaries during the disaster/emergency situation. The Department of Human Services (Department) will need to identify impacted claims during the COVID-19 emergency.

Tracking the claims or services for beneficiaries diagnosed with COVID-19 is done, in part, by using the diagnosis codes released by CMS to designate the beneficiary had the condition. The Pennsylvania Medical Assistance (MA) Program released guidance informing providers of the ICD-10-CM Official Coding Guidelines related to COVID-19 on [March 17](#) and [March 24](#).

The Department applied for and was granted a Section 1135 Waiver from CMS for certain requirements in the Medical Assistance program. Claims related to the Section 1135 waiver must be tracked. The Department also must track other claims that were disaster related.

In line with CMS's direction for Medicare, the Pennsylvania MA Program will require providers billing medical claims in the institutional format, either by ASC X12 837 institutional claim format or on an institutional paper form, to identify claims as specified below related to the COVID-19 disaster with a DR (disaster related) condition code.

Providers submitting medical claims, such as physicians or suppliers who submit claims using the ASC X12 837 professional claim format or a professional paper claim form CMS-1500 must use a CR (catastrophe/disaster related) modifier on the detail line to identify services that are or may be impacted by specific policies, as specified below, related to the COVID-19 emergency disaster declaration.

This guidance applies to claims for dates of services March 1, 2020, until the end of the emergency disaster declaration and any extensions thereto for Medical Assistance Physical Health and Behavioral Health Fee-for-Service claims and Managed Care Organization encounters. Providers should follow this guidance for any claims for dates of service March 1, 2020, submitted after April 15, 2020. If a provider has already submitted a claim, there is no need to resubmit the claim.

The following is a list of services, and links to the guidance issued by the Department, where the DR condition code or the CR modifier must be present on the claim:

- When telemedicine or telehealth is being provided by practitioners who would not previously have been able to provide services using telemedicine or telehealth. See the following guidance:
 - [Telehealth Guidelines Related to COVID-19](#)
 - [Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics](#)
 - [Telemedicine Guidelines Related to COVID-19](#)





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#243

- [When bypassing the prior authorization requirements for CT scans for COVID-19 patients.](#)
- When [providing services at alternate sites.](#)
- For services that otherwise would have required prior authorization but [due to the COVID-19 emergency disaster declaration do not require prior authorization or the authorization has been extended.](#)
- For services that would have otherwise required copays for COVID-19 services.
- Due to non-enrolled ordering, referring or prescribing provider.
- When the provider is not yet enrolled as a new provider or is enrolled past their revalidation date.
- When Home Health or Durable Medical Equipment or Supplies are prescribed by a non-physician.

Additional guidance may be released by the Department during the period of the disaster/emergency declaration. Providers should review any such guidance for further instruction regarding when to use the DR condition code or the CR modifier on claims.

This guidance does not pertain to providers who are submitting claims for home and community-based waiver services. Waiver providers providing services for the Office of Developmental Programs should follow recently issued guidance regarding the tracking of COVID-19 related expenses. Waiver providers providing services for the Office of Long-Term Living should follow OLTL guidance on tracking COVID-19 related expenses.

Providers should continue to check the Department of Human Service's COVID-19 [website](#) and the Department of Health's [website](#) for updates regarding COVID-19.

For question regarding claim payments please contact 1-800-537-8862, option 2, option 6, option 1.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.

