



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 14, 2020
TO: All Louisiana Medicaid Providers
FROM: Erin Campbell, Acting Medicaid Director
SUBJECT: Novel Coronavirus Disease (COVID-19) Provider Update: 3.14.2020

The below advisory is to inform all providers rendering services to Louisiana Medicaid members, including members of all Healthy Louisiana managed care organizations (MCOs). This information will be updated as new information is available. New information is indicated by underlining.

On March 11, 2020, Governor Edwards declared a public health emergency in response to COVID-19. For current updates on the status of COVID-19 in Louisiana, please see the Office of Public Health (OPH) COVID-19 website, located at: <http://ldh.la.gov/coronavirus>.

The below information is provided in relation to COVID-19 in Louisiana.

Laboratory Testing of Suspected Patients

For patient selection and testing procedures, please refer to the recent OPH Health Alert Network Message, located at: http://ldh.la.gov/assets/oph/Center-CP/HANs/Han_20-14.pdf

Effective for dates of service on or after March 5, 2020, Louisiana Medicaid covers commercial COVID-19 testing, without restrictions or prior authorization, for members that have symptoms compatible with COVID-19. Reimbursement is provided at Medicare rates and this coverage is provided with no copay. Testing of asymptomatic patients is not recommended and considered not medically necessary at this time. The relevant procedure code is:

- U0002: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets), non-CDC

Providers should immediately report positive COVID-19 commercial laboratory results to the OPH Infectious Disease Epidemiology Hotline at 1-800-256-2748.

All patients suspected (and undergoing testing) for COVID-19 should remain hospitalized if needed or isolate at home until they receive their test results. If test results are positive, patients should continue to be isolated until cleared by a physician or public health official.

Of note, commercially available respiratory viral panel tests, represented by CPT codes 87631, 87632, and 87633, are not appropriate for diagnosing suspected COVID-19 at this time. While these panels may include coronavirus targets, they do not reliably cross-react with SARS-CoV-2, the virus that causes COVID-19, because it is a novel coronavirus. False positives and false negatives can delay appropriate diagnosis and treatment. Therefore, these tests are considered not medically necessary for this purpose.

Testing and Treatment Coverage

For all Medicaid members, testing is covered with no copay. In addition, clinic visits, emergency department visits, and hospitalizations related to COVID-19 testing and treatment are covered without copays.

Telemedicine

Louisiana Medicaid encourages the use of simultaneous audio/visual telemedicine, when appropriate, to decrease the potential for patient-to-patient transmission in shared spaces (e.g., waiting rooms) and patient-to-provider transmission. Telemedicine may be used to evaluate patients who report respiratory and systemic symptoms, for example, in a non-emergency situation when a face-to-face visit is not necessary. Further, telemedicine may be used to provide routine care for older patients, or those with chronic illnesses, for the purpose of reducing their exposure to healthcare facilities.

Louisiana Medicaid, including all Healthy Louisiana MCOs, allows for the telemedicine mode of delivery for many common healthcare services. When otherwise covered by Louisiana Medicaid, telemedicine is allowed for all Common Procedural Terminology (CPT) codes located in Appendix P of the CPT manual. These codes include, but are not limited to, new and established outpatient office visit codes.

Claims submitted for telemedicine services must indicate place of service 02 and must have modifier -95 appended. Reimbursement for visits delivered via telemedicine is similar to face-to-face visits, subject to any terms and conditions in provider contracts with Medicaid MCOs. Providers should contact their contracted MCO for information that may affect billing procedures and reimbursement rates.

There is currently no formal limitation on the originating site (i.e., where the patient is located) and this can include, but is not limited to, a healthcare facility, school, or the patient's home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit.

Providers offering services via telemedicine must use a secure, HIPAA-compliant platform and adhere to all telemedicine-related requirements of their professional licensing board.

Telephone-only Evaluation and Management

Effective for dates of service on or after March 13, 2020, Louisiana Medicaid reimburses telephonic evaluation and management services to members who are actively experiencing symptoms consistent with COVID-19.

Telephonic evaluation and management services must be rendered by a physician, nurse practitioner, or physician assistant actively enrolled in fee-for-service Medicaid or with one of the Healthy Louisiana MCOs. Services are only to be rendered for the care of established patients or caregiver of an established patient.

Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.

Relevant procedure codes are:

- 99441: Telephone evaluation and management service; 5-10 minutes of medical discussion
- 99442: 11-20 minutes of medical discussion
- 99443: 21-30 minutes of medical discussion

The ICD-10 diagnosis code to be reported is:

Z20.828: Contact with and (suspected) exposure to other viral communicable disease

Pharmacy

Effective March 17, 2020, members may receive early refills and up to a 90-day supply, as appropriate, of medications that are not controlled substances. These include cardiovascular drugs (hypertension, coronary artery disease, thrombosis), diabetes drugs (oral and injectable), respiratory drugs (inhaled and oral), contraceptives, antiretrovirals, direct-acting antivirals for hepatitis C, immunosuppressives, antipsychotics, and antidepressants, among others. To reduce exposure, providers should consider encouraging members to use pharmacies that offer free home delivery services or drive-through pickup services.

Medication-assisted Treatment for Substance Use Disorders

Prescribers are encouraged to use existing flexibility provided under federal law to ensure continuity of treatment for members with substance use disorders. Sublingual buprenorphine and buprenorphine/naloxone products, for example, are Schedule III controlled substances and prescriptions may be written for up to a 30-day supply with up to 2 refills. The benefits of ensuring continuity of treatment and resulting overdose prevention will often outweigh the risks of diversion and misuse.

Prescribers are also encouraged to educate members regarding the availability of naloxone for those who may be at risk for overdose. Naloxone is available via a statewide standing order, and naloxone is covered without prior authorization for all Louisiana Medicaid members.

Durable Medical Equipment

Effective March 17, 2020, members may receive up to a 90-day quantity of supplies related to: incontinence, diabetes, tracheostomy care, wound care, home dialysis, parenteral and enteral nutrition, apnea/breathing monitors and other respiratory supplies, home oxygen, electric breast pumps, pulse oximeter probes and tape, and intravenous therapy.

Vaccine

At this time there is no vaccine to prevent COVID-19. When a federally-approved vaccine is available, it will be covered for all Medicaid members with no copay.

Quarantine or Isolation Orders

Healthcare services provided as a result of a public health quarantine or isolation order or recommendation, when otherwise covered by Louisiana Medicaid, are always considered medically necessary.

Quality Programs

Participation in provider quality incentive programs will not be negatively affected by the disruption caused by COVID-19. When determining provider incentives, Healthy Louisiana MCOs will account for the effects of COVID-19 on the healthcare system.

Personal Protective Equipment

Providers should preserve personal protective equipment for use with patients with suspected or confirmed COVID-19.

Coding

To ensure proper reporting, providers should follow CDC's Official Coding Guideline when selecting a diagnosis code.

This guideline is available at: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

Resources for Patients

For anyone with questions about coronavirus, please direct them to contact the Louisiana 211 Network by dialing 211. Or, they can text the keyword LACOVID to 898-211 for the most current information about the outbreak as it becomes available. They can also get answers here:

www.la211help.org.

Appendix: DME HCPCS Codes for a 90-day Supply

<u>Incontinence Supplies</u>				
<u>A4310</u>	<u>A4357</u>	<u>A4385</u>	<u>A4405</u>	<u>T4521</u>
<u>A4311</u>	<u>A4358</u>	<u>A4387</u>	<u>A4406</u>	<u>T4522</u>
<u>A4320</u>	<u>A4360</u>	<u>A4388</u>	<u>A4407</u>	<u>T4523</u>
<u>A4322</u>	<u>A4361</u>	<u>A4389</u>	<u>A4408</u>	<u>T4524</u>
<u>A4326</u>	<u>A4362</u>	<u>A4390</u>	<u>A4409</u>	<u>T4525</u>
<u>A4327</u>	<u>A4364</u>	<u>A4391</u>	<u>A4410</u>	<u>T4526</u>
<u>A4328</u>	<u>A4367</u>	<u>A4392</u>	<u>A4411</u>	<u>T4527</u>
<u>A4331</u>	<u>A4368</u>	<u>A4393</u>	<u>A4413</u>	<u>T4528</u>
<u>A4332</u>	<u>A4369</u>	<u>A4397</u>	<u>A4414</u>	<u>T4529</u>
<u>A4335</u>	<u>A4371</u>	<u>A4398</u>	<u>A4415</u>	<u>T4530</u>
<u>A4336</u>	<u>A4372</u>	<u>A4399</u>	<u>A4416</u>	<u>T4531</u>

<u>A4338</u>	<u>A4373</u>	<u>A4400</u>	<u>A4417</u>	<u>T4532</u>
<u>A4344</u>	<u>A4375</u>	<u>A4402</u>	<u>A4418</u>	<u>T4533</u>
<u>A4349</u>	<u>A4376</u>	<u>A4404</u>	<u>A4419</u>	<u>T4534</u>
<u>A4351</u>	<u>A4377</u>		<u>A4421</u>	<u>T4535</u>
<u>A4352</u>	<u>A4378</u>		<u>A4422</u>	<u>T4539</u>
<u>A4353</u>	<u>A4379</u>		<u>A4423</u>	<u>T4543</u>
<u>A4354</u>	<u>A4380</u>		<u>A4424</u>	
<u>A4355</u>	<u>A4381</u>		<u>A4425</u>	
<u>A4356</u>	<u>A4382</u>		<u>A4426</u>	
	<u>A4383</u>		<u>A4427</u>	
	<u>A4384</u>		<u>A4428</u>	
			<u>A4429</u>	
			<u>A4431</u>	
			<u>A4432</u>	
			<u>A4433</u>	
			<u>A4434</u>	

<u>Wound Care Supplies</u>			
<u>A4450</u>	<u>A6210</u>	<u>A6245</u>	<u>A6506</u>
<u>A4452</u>	<u>A6211</u>	<u>A6246</u>	<u>A6507</u>
<u>A4455</u>	<u>A6212</u>	<u>A6247</u>	<u>A6508</u>
<u>A4456</u>	<u>A6213</u>	<u>A6248</u>	<u>A6510</u>
<u>A4459</u>	<u>A6214</u>	<u>A6250</u>	<u>A6511</u>
<u>A4461</u>	<u>A6215</u>	<u>A6251</u>	<u>A6513</u>
<u>A4463</u>	<u>A6216</u>	<u>A6252</u>	<u>K0744</u>
<u>A5120</u>	<u>A6217</u>	<u>A6253</u>	<u>K0745</u>
<u>A5121</u>	<u>A6218</u>	<u>A6254</u>	<u>K0746</u>
<u>A5122</u>	<u>A6219</u>	<u>A6255</u>	
<u>A6021</u>	<u>A6220</u>	<u>A6256</u>	
<u>A6022</u>	<u>A6221</u>	<u>A6257</u>	
<u>A6023</u>	<u>A6222</u>	<u>A6258</u>	
<u>A6024</u>	<u>A6223</u>	<u>A6259</u>	
<u>A6025</u>	<u>A6224</u>	<u>A6260</u>	
<u>A6154</u>	<u>A6228</u>	<u>A6261</u>	
<u>A6196</u>	<u>A6229</u>	<u>A6262</u>	
<u>A6197</u>	<u>A6230</u>	<u>A6266</u>	
<u>A6198</u>	<u>A6234</u>	<u>A6402</u>	

<u>A6199</u>	<u>A6235</u>	<u>A6403</u>	
<u>A6203</u>	<u>A6236</u>	<u>A6404</u>	
<u>A6204</u>	<u>A6237</u>	<u>A6410</u>	
<u>A6205</u>	<u>A6238</u>	<u>A6446</u>	
<u>A6206</u>	<u>A6241</u>	<u>A6501</u>	
<u>A6207</u>	<u>A6242</u>	<u>A6502</u>	
<u>A6208</u>	<u>A6243</u>	<u>A6504</u>	
<u>A6209</u>	<u>A6244</u>	<u>A6505</u>	

<u>Apnea and Breathing Monitors</u>
<u>A4556</u>
<u>A4557</u>
<u>E0619</u>

<u>Electric Breast Pumps</u>
<u>A4281</u>
<u>E0603</u>

<u>Diabetic Supplies</u>
<u>A4224</u>
<u>A4225</u>
<u>A4230</u>
<u>A4231</u>
<u>A4233</u>
<u>A4234</u>
<u>A4235</u>
<u>A4236</u>
<u>A9276</u>
<u>A9277</u>
<u>A9278</u>
<u>E0607</u>

<u>Home Dialysis Supplies</u>
<u>A4690</u>
<u>A4730</u>
<u>A4740</u>
<u>A4750</u>

<u>A4755</u>
<u>A4760</u>
<u>A4765</u>
<u>A4860</u>
<u>A4913</u>

<u>Home Oxygen</u>
<u>A4615</u>
<u>A4616</u>
<u>A4618</u>
<u>E0430</u>
<u>E0431</u>
<u>E0433</u>
<u>E0439</u>
<u>E0443</u>
<u>E0444</u>
<u>E0447</u>
<u>E0565</u>
<u>E1358</u>
<u>E1390</u>
<u>K0738</u>
<u>K0741</u>

<u>Tracheostomy Care Supplies</u>	
<u>A4481</u>	<u>A4627</u>
<u>A4483</u>	<u>A4628</u>
<u>A4611</u>	<u>A4629</u>
<u>A4612</u>	<u>A7048</u>
<u>A4613</u>	<u>A7501</u>
<u>A4613</u>	<u>A7502</u>
<u>A4614</u>	<u>A7520</u>
<u>A4615</u>	<u>A7521</u>
<u>A4616</u>	<u>A7522</u>
<u>A4618</u>	<u>A7524</u>
<u>A4618</u>	<u>A7525</u>
<u>A4620</u>	<u>A7526</u>
<u>A4623</u>	<u>A7527</u>
<u>A4624</u>	<u>E0600</u>
<u>A4625</u>	

<u>Parenteral and Enteral Nutrients and Supplies</u>
<u>B4034</u>
<u>B4035</u>
<u>B4036</u>
<u>B4081</u>
<u>B4082</u>
<u>B4083</u>
<u>B4088</u>
<u>B4100-B4104</u>
<u>B4149-B4150</u>
<u>B4152-B4155</u>
<u>B4158-B4162</u>

<u>Pulse Oximeter Probes and Tape</u>
<u>A4606</u>
<u>E0445</u>

<u>Intravenous Therapy</u>
<u>S1015</u>

<u>Respiratory Supplies</u>
<u>A7003</u>
<u>A7005-A7009</u>
<u>A7012-A7017</u>
<u>E0470</u>
<u>E0471</u>
<u>E0480</u>
<u>E0482</u>
<u>E0483</u>
<u>E0570</u>
<u>E0585</u>