



**Louisiana Department of Health  
Health Plan Advisory 20-6  
March 14, 2020**

**Response to COVID-19**

The directives below should be considered as continuing until rescinded by LDH.

**Laboratory Testing**

Effective for dates of service on or after March 5, 2020, Louisiana Medicaid covers commercial COVID-19 laboratory testing, without restrictions or prior authorization, for members that have symptoms compatible with COVID-19.

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)

This code has been added to the Medicaid procedure file.

**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 managed care organizations (MCOs). Services are only to be rendered for the care of established patients or the 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

These codes have been added to the Medicaid procedure file.

### **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. MCOs have been provided with a list of applicable drugs, by NDC.

### **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. A list of applicable HCPCS codes is provided at the end of this advisory.

### **Quarantine/Isolation**

When otherwise covered in Louisiana Medicaid, a public health quarantine or isolation order or recommendation establishes medical necessity of healthcare services. For hospital-based quarantine or isolation stays, MCOs shall not downgrade inpatient days to an outpatient level of care, and shall not deny claims for physician services, on the basis of medical necessity. In these cases, the level of care determination is at the discretion of the hospital.

### **Quality Programs**

When determining provider incentives for meeting quality measure targets, MCOs shall account for the effects of COVID-19 on the healthcare system. Providers shall be advised that disruptions in care due to COVID-19 will not negatively affect participation in, or receipt of incentives from, quality programs.

### **Provider Visits and Case Management**

All face-to-face provider visits by MCO staff should be discontinued. All face-to-face member case management should be transitioned to telephonic or audio/visual encounters.

**Social Distancing**

MCOs shall protect their staff, and support ongoing continuity of operations, through implementing social distancing policies within their offices.

**Appendix: DME HCPCS Codes Eligible for a 90-day Supply**

<b>Incontinence Supplies</b>				
A4310	A4357	A4385	A4405	T4521
A4311	A4358	A4387	A4406	T4522
A4320	A4360	A4388	A4407	T4523
A4322	A4361	A4389	A4408	T4524
A4326	A4362	A4390	A4409	T4525
A4327	A4364	A4391	A4410	T4526
A4328	A4367	A4392	A4411	T4527
A4331	A4368	A4393	A4413	T4528
A4332	A4369	A4397	A4414	T4529
A4335	A4371	A4398	A4415	T4530
A4336	A4372	A4399	A4416	T4531
A4338	A4373	A4400	A4417	T4532
A4344	A4375	A4402	A4418	T4533
A4349	A4376	A4404	A4419	T4534
A4351	A4377		A4421	T4535
A4352	A4378		A4422	T4539
A4353	A4379		A4423	T4543
A4354	A4380		A4424	
A4355	A4381		A4425	
A4356	A4382		A4426	
	A4383		A4427	
	A4384		A4428	
			A4429	
			A4431	
			A4432	
			A4433	
			A4434	

<b>Wound Care Supplies</b>			
A4450	A6210	A6245	A6506
A4452	A6211	A6246	A6507
A4455	A6212	A6247	A6508
A4456	A6213	A6248	A6510

A4459	A6214	A6250	A6511
A4461	A6215	A6251	A6513
A4463	A6216	A6252	K0744
A5120	A6217	A6253	K0745
A5121	A6218	A6254	K0746
A5122	A6219	A6255	
A6021	A6220	A6256	
A6022	A6221	A6257	
A6023	A6222	A6258	
A6024	A6223	A6259	
A6025	A6224	A6260	
A6154	A6228	A6261	
A6196	A6229	A6262	
A6197	A6230	A6266	
A6198	A6234	A6402	
A6199	A6235	A6403	
A6203	A6236	A6404	
A6204	A6237	A6410	
A6205	A6238	A6446	
A6206	A6241	A6501	
A6207	A6242	A6502	
A6208	A6243	A6504	
A6209	A6244	A6505	

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

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

<b>Diabetic Supplies</b>
A4224
A4225
A4230
A4231
A4233

A4234
A4235
A4236
A9276
A9277
A9278
E0607

<b>Home Dialysis Supplies</b>
A4690
A4730
A4740
A4750
A4755
A4760
A4765
A4860
A4913

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

<b>Tracheostomy Care Supplies</b>	
A4481	A4627
A4483	A4628
A4611	A4629
A4612	A7048

A4613	A7501
A4613	A7502
A4614	A7520
A4615	A7521
A4616	A7522
A4618	A7524
A4618	A7525
A4620	A7526
A4623	A7527
A4624	E0600
A4625	

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

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

<b>Intravenous Therapy</b>
S1015

<b>Respiratory Supplies</b>
A7003
A7005-A7009
A7012-A7017
E0470
E0471
E0480
E0482

E0483
E0570
E0585