

Louisiana Medicaid COVID-19 Uninsured Eligibility Group

Provider Information

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Contents

Introduction	2
Section 1 – Provider Eligibility and Qualifications	3
Section 2 – Patient Eligibility and Qualifications	3
Section 3 – Services Covered	4
Section 4 – Patient Application Process.....	4
Section 5 – Medicaid Members Not Covered for COVID-19 Testing.....	5
Section 6 – Provider Checklist.....	6
Pre-Application Patient Questions	6
Provider Questions.....	6
Section 7 – COVID-19 Uninsured Eligibility Group Application	7

Introduction

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid is covering COVID-19 testing and testing-related services for uninsured individuals.

A temporary Medicaid COVID-19 Uninsured Eligibility Group was created to provide the COVID-19 testing benefit. This benefit is only for COVID-19 testing and testing-related services and will only remain in place through the end of the COVID-19 public health emergency.

The new benefit is provided through Medicaid fee-for-service and not through Healthy Louisiana through a managed care organization (MCO).

Keep reading for qualifications and coverage details.

Section 1 – Provider Eligibility and Qualifications

Providers must be a Medicaid enrolled provider through Medicaid’s fiscal intermediary, DXC, to get paid for COVID-19 testing and testing-related services by Medicaid. For providers not currently enrolled through DXC, there is a COVID-19 Emergency Expedited Application that offers temporary enrollment. The application is found in the provider enrollment portal at www.lamedicaid.com. Providers must be enrolled before services are provided.

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), has devoted a portion of their federal COVID-19 funding to reimburse COVID-19 testing and treatment for the uninsured. Providers are prohibited from billing both HHS and Medicaid for the same testing visit or related services for uninsured patients. Providers will be required to self-attest on the uninsured individual’s application to Medicaid that they are not also billing HHS for the same services. Providers may not also bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. Providers may be subject to audits of paid claims and recoupment for violation of this requirement.

More information on the HHS program through HRSA and the reimbursement process can be found here: <https://www.hhs.gov/provider-relief/index.html>.

If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

Section 2 – Patient Eligibility and Qualifications

Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. This coverage is not available to undocumented individuals, incarcerated individuals, or individuals with other forms of medical insurance.

Only individuals who apply on the simplified application may be approved for Medicaid COVID-19 Uninsured Eligibility. There is no income or resource test. Coverage begins three months prior to the application date and will remain in place through the end of the COVID-19 event, unless the individual does not meet the citizenship/satisfactory immigration status requirements.

Section 3 – Services Covered

Louisiana Medicaid will cover COVID-19 testing and testing related services for uninsured individuals who qualify using the simplified application process.

Effective for dates of service on or after March 5, 2020, Louisiana Medicaid covers commercial COVID-19 testing, without restrictions or prior authorization. Reimbursement is provided at Medicare rates and this coverage is provided with no copay. A separate COVID-19 Laboratory Testing fee schedule is available at:

https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

This fee schedule contains information specific to the procedure codes, types of service, reimbursement, and effective dates of service for covered laboratory testing related to COVID-19. It will be updated as needed throughout the COVID-19 event.

Under CMS guidance, testing-related services are services that are directly related to the administration of a COVID-19 test or to determining the need for such a product. Guidelines from the Centers for Disease Control and Prevention (CDC) recommend testing based on the patient’s medical history (e.g., patient symptoms and/or reported exposures) and do not require a physical or radiological examination to determine if a test is necessary.

Physician or other licensed practitioner services:

Procedure code	Description
99201-99205	New patient visit
99211-99215	Established patient visit
T1015	FQHC/RHC visit
99281-99285	Emergency department visit
99050-99051	After hours care

Note: Modifiers 95 and POS 02 are allowable for telehealth visits.

To be payable, claims **must** be coded with at least one of the following ICD-10 diagnosis codes to indicate that they are COVID-19 related.

ICD-10 code	Description
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases (actual exposure to COVID-19)
Z11.59	Encounter for screening for other viral diseases
U07.1	COVID-19 (code only when there is a confirmed diagnosis). Available for services only after April 1, 2020

Section 4 – Patient Application Process

Providers should help uninsured individuals to complete Medicaid’s simplified paper application for coverage of COVID-19 testing and related services, called the [Application for Medicaid](#)

Coverage of COVID-19 Uninsured Eligibility Group. Use the Provider Checklist at the end of this guide to determine if Medicaid’s uninsured eligibility group coverage is appropriate for the patient before completing and submitting an application. **The application must be submitted to Medicaid prior to billing and receiving payment.**

Providers should take ownership of submitting the application to Medicaid, but allow patients to submit the applications themselves when needed. If the application is given to the patient to complete and submit, fill out the provider details on the form so that you will receive a copy of the eligibility decision letter from Medicaid. A Medicaid card will not be provided to this eligibility group. The decision letter with approved Medicaid eligibility coverage, along with information in the Medicaid Eligibility Verification System (MEVS), is sufficient proof of coverage. This eligibility group will show up as “COVID-19 Uninsured Eligibility Group” in MEVS.

The paper application can be submitted by email, fax or mail. Individuals can also call 1-888-544-7996 to apply over the phone. An application can be submitted by the individual or with the provider’s assistance using the provider’s computer, phone or fax machine.

Send completed paper **Application for Medicaid Coverage of COVID-19 Uninsured Eligibility Group** by:

- Email: coviduninsured@la.gov
- Fax: 1-866-852-0415
- Mail: COVID Uninsured Applications
P O Box 64808
Baton Rouge, LA 70806

Only one application per individual is required, even if multiple COVID-19 tests are needed. **To avoid duplicate applications, MEVS confirmation of existing coverage is essential.** Medicaid will process a duplicate application, but it is possible an existing coverage notice will be sent instead of an approval notice.

If approved, coverage to the recipient will be provided through Medicaid fee-for-service and not through Healthy Louisiana under a managed care plan.

Section 5 – Medicaid Members Not Covered for COVID-19 Testing

In addition to the temporary COVID-19 eligibility group, Medicaid covers COVID-19 testing and testing-related services for most other Medicaid members. Exceptions include individuals enrolled in one of the Medicare Savings Programs and individuals enrolled in the Emergency Services group.

- **Medicare Savings Programs:** Individuals enrolled in one of the Medicare Savings Programs (QMB, SLMB, QI, QDWI) are not eligible for the COVID-19 uninsured group, and Medicaid will not cover COVID-19 testing. Medicare should be billed for these patients. Medicaid will still pay any coinsurance costs allowable under the programs.

- **Emergency Services Group:** Individuals enrolled in the Emergency Services group are not eligible for the COVID-19 uninsured group, so COVID-19 testing and testing-related services will not be covered by Medicaid unless it meets the medical criteria for emergency services and it is submitted to and approved by the Medical Eligibility Determination Team (MEDT) per normal procedure for the Emergency Services group.

Section 6 – Provider Checklist

Pre-Application Patient Questions

Before completing an application, ask your patient the following two questions. If the patient has health insurance or is not a U.S. citizen or does not have a satisfactory immigration status, they will not qualify for this Medicaid coverage.

Yes	No	Questions to Ask the Patient
		Are you uninsured? <i>Examples of insurance coverage: Medicaid; LaCHIP; Marketplace coverage; Medicare/Medicare Advantage; Basic Health Program; coverage through a job or private insurance plan, COBRA, or Retiree health benefits; Federal Employee Health Benefits (FEHB); TRICARE; US Family Health Plan (USFHP), Veterans Affairs (VA) Health Care Program/CHAMPVA; or Peace Corps.</i>
		Are you a U.S. Citizen or do you have satisfactory immigration status?

Provider Questions

Once the provider determines the patient is eligible to be considered for coverage, they should complete the following checklist to check for existing coverage and ensure both the member and the provider understand the coverage.

Yes	No	
		Did you check the Medicaid Eligibility Verification System (MEVS) to confirm there is no Medicaid coverage on file? <i>Note: Medicaid will not cover COVID-19 testing costs for individuals in the Medicare Savings Programs (QMB, SLMB, QI, QDWI) or the Emergency Services group, unless it meets the medical criteria for emergency services.</i>
		Do you understand that the Application must be submitted prior to billing and receiving payment?
		Did you inform the applicant that Medicaid will send a letter to the address provided on the application about their eligibility decision?
		Did you explain that a copy of the decision letter sent will be sent to you (the provider) as well?
		Did you explain that a Medicaid card will not be provided and that the decision letter with approved eligibility coverage, along with provider confirmation in MEVS, is proof of coverage?

		Did you explain that coverage will start 3 months before the date they are applying and that coverage will continue through the end of the COVID-19 event?
		If you plan to give the application to the patient to complete and submit, did you fill out the provider details on the form so you will receive a copy of the decision notice from Medicaid?
		Do you understand that you cannot bill both the U.S. Department of Health and Human Services (HHS) and Medicaid for uninsured patients?
		Do you understand that, if Medicaid identifies third party coverage is available, Medicaid will not cover the services?

Section 7 – COVID-19 Uninsured Eligibility Group Application

Click here for the fillable PDF of the [Application for Medicaid Coverage of COVID-19 Uninsured Eligibility Group](#).

