

Covid-19 – Current Requirements & Overrides

Updated March 25, 2022

The Louisiana Department of Health (LDH) documents Covid-19 related temporary changes in provider policy and managed care practices in [Informational Bulletin 20-5 \(IB20-5 revised 3.14.22.pdf \(la.gov\)\)](#). This document summarizes those current exceptions.

Utilization Management (UM) for all medical hospitalizations resumed on March 21, 2022

UM was previously suspended during the below timelines:

- ❖ January 3, 2022 - March 20, 2022
- ❖ August 1, 2021 – November 1, 2021
- ❖ November 24, 2020 – March 1, 2021
- ❖ July 20, 2020 – October 10, 2020
- ❖ March 17, 2020 – June 15, 2020

Prior Authorization for Lower Levels of Care (SNF, IP Rehab, LT Acute Care, etc.) resumed March 21, 2022

These prior authorization requirements remained suspended during much of the PHE, except a brief span between August and November of 2021.

Home Health Services at Hospital Discharge were Suspended Effective January 3, 2022

The initial authorization for home health services at hospital discharge are automatically approved. The hospital or home health agency must inform us that a member will be receiving post discharge home health so we can suspend the authorization requirements and prevent claim denials.

Hospital Discharge Assistance

For assistance in resolving hospital discharge problems 24 hours a day, please contact UnitedHealthcare at 504-220-0696

Interprofessional Telephone/Internet/Electronic Health Record Services (E-Consults)

For dates of service on or after March 15, 2021, interprofessional assessment and management services that occur electronically through EHR, through audio/video platforms, or via telephone (e-consults) will be reimbursed. A qualifying assessment and management service is one in which a member's treating practitioner requests the opinion and/or treatment advice of a practitioner with a specific specialty or subspecialty different from the requesting practitioner, to assist the treating practitioner in the diagnosis and/or management of the member's presenting issue.

The purpose of e-consults is to replace a face-to-face evaluation and management (E&M) visits that would be performed by a specialist.

E-consult codes are not reimbursable if there has been an E&M visit with the specialist 14 days prior to, or will be an E&M visit 14 days after the e-consult occurs if

- The E/M visit was/is related to the original issue, and
- The E/M visit is with the same specialist (or group) and was completed in addition to the e-consult

E-consult codes shall not be billed for regular communication that is expected to occur between a physician and an APRN collaborating with, or a PA supervised by, the physician.

Applicable CPT: 99451 – e-consult services provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional; 5 minutes or more of medical consultative time.

Pharmacy

Since March 17, 2020, members have been eligible to receive up to a 90-day supply, as appropriate, of medications that are not controlled substances.

Durable Medical Equipment

Since March 17, 2020, members have been eligible to 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.

Note: **Multifunction Ventilator (E0467)** became a covered service effective March 1, 2020. This benefit was added to allow providers flexibility in the types of ventilators that can be utilized to meet members' needs.

Telehealth:

When otherwise covered by Louisiana Medicaid, telemedicine/telehealth is allowed for all CPT codes located in Appendix P of the CPT manual.

- Reimbursement is the same as in-person services.
- CMS1500 billers - Providers must utilize Place of Service (POS) 02 and append modifier -95 on all claim lines.
- UB04 billers - Outpatient hospital facilities must bill telehealth claims using the normal revenue code and applicable procedure code with modifier -95.
 - The POS 02 telehealth guidance for professional claims does not apply to the UB 04 Form.
- Services delivered via an audio/video system and via an audio-only system should be coded this same way.

PT, OT & ST

Louisiana Medicaid will reimburse the use of telehealth, when appropriate, for rendering covered physical therapy, occupational therapy, and speech therapy to members.

ABA

Louisiana Medicaid will reimburse the use of telehealth, when appropriate, for rendering certain ABA services. Telehealth services can be rendered for the care of new or established patients or to support the caregivers of new or established patients.

EPSDT preventive services completed through telemedicine/telehealth and inter-periodic visits

Normal EPSDT preventive services code by age (99381- 99385, 99391-99395) with telehealth modifier (95), reduced services modifier (52), and POS 02 on all claim lines.

Secondary Claims (Third Party Liability – TPL/Coordination of Benefits - COB)

If a primary insurance claim for telehealth services was processed with a POS equal to the primary carrier's billing requirements and modifier 95 is appended to all procedure code(s) for a covered service, CMS1500 billers can submit secondary claims with the same POS. POS 02 is not required for COB claims.

Quality and Value-Based Payment Programs

Participation in provider quality incentive programs and value-based payment programs have returned to pre-Covid 19 conditions. When determining provider incentives and value-based payment targets, assessments will be based on actual provider performance.

Questions? Call customer service at 866-875-1607, 7 a.m. - 7 p.m., Monday - Friday.