

D-SNP COVID-19 Provider Website Updates

During the COVID-19 Public Health Emergency (PHE) some temporary National and state coverage changes were allowed to help combat the virus. The COVID-19 PHE period has officially ended as of May 11, 2023. Below are the common topics to aid providers with changes after the expiration of PHE.

For more information, please refer to the following links:

CMS Waivers, Flexibilities, and the End of COVID-19 Public Health Emergency:

<https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf>

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19:

<https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf>

Testing

1. Continuation of Medicare coverage for COVID-19 diagnostic tests

COVID-19 diagnostic tests such as PCRs and antigen tests are covered when ordered by a physician or other health care provider, such as a physician assistant or nurse practitioner, and performed by an in-network laboratory.

2. Discontinuation of Medicare coverage for COVID-19 over-the-counter (OTC) tests

At home OTC COVID-19 test kits are no longer covered by Original Medicare as of May 11, 2023. However, L.A. Care Medicare Plus members may obtain OTC COVID-19 test kits through the following methods:

- Utilizing L.A. Care Medicare Plus (HMO D-SNP) supplemental OTC benefit allowance to purchase the OTC COVID-19 test kits using their Nations Benefits MasterCard debit card without the need for a written prescription.
- Obtaining a written prescription for OTC test kits covered through Medi-Cal Rx. Coverage allows up to eight test kits per 30 days.

Vaccine

1. Continuation of Medicare coverage for COVID-19 vaccines

COVID-19 vaccines and boosters can be administered through an in-network health care provider or pharmacy at no cost to L.A. Care Medicare Plus members.

2. Provider payment for administering COVID-19 vaccines

- Through December 31, 2023, the rate for Medicare Fee-For-Service payment schedule is approximately \$40 or determined by Medicare Advantage contracted rate per dose for administering COVID-19 vaccines.
- Starting January 1, 2024, the rate for Medicare Fee-For-Service payment schedule will be approximately \$30 or determined by Medicare Advantage contracted rate per dose.

Note: Payment rates not applicable in settings paid at reasonable cost for preventive vaccines and their administration such as Federally Qualified Health Centers and Rural Health Clinics.

3. Additional provider payment for administering COVID-19 vaccine at member's home

Through December 31, 2023, providers administering in-home COVID-19 vaccines may receive an additional payment of about \$36 or determined by Medicare Advantage contracted rate per dose. There are some criteria that must be met in order for providers to administer the vaccine in the member's home.

For more information, please visit: <https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment>

Treatment

1. Continuation of Medicare covered treatment for COVID-19

L.A. Care Medicare Plus will continue to cover FDA approved COVID-19 treatments.

Waivers

1. List of Flexibilities Continuing

- Telehealth - In most cases through December 31, 2024
 - Use of audio-only technology (such as a telephone) if both audio and video (such as a smartphone or computer) is not available.
 - Hospitals can still bill for outpatient physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) services, Diabetes Self-Management Training (DSMT), or Medical Nutrition Therapy (MNT) provided to members in their homes through telecommunication technology conducted by hospital-employed staff.

- Mental/Behavioral Telehealth - In some circumstances, hospitals will continue to be able to bill for mental/behavioral health services, such as hospital outpatient therapy, counseling, and educational services, furnished to members in their homes by hospital staff using telecommunications technology. No separate professional service is billable.

2. List of Flexibilities Discontinuing

- Hospice Telehealth Visits – Telehealth visits for routine home care under the hospice benefit are no longer allowed and must be conducted through face-to-face visit.
- Hospital without Walls Telecommunications Billing - Hospitals are no longer allowed to bill for services furnished by hospital clinical staff to members in their homes using telecommunications technology, with the exception of outpatient physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) services, Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT). *See above List of Flexibilities Continuing*
- Remote Evaluations, Virtual Check-ins & E-visits for New Patients - Remote evaluation of patient video/images and virtual check-in services (HCPCS codes G2010 and G2012 for physicians and G2251 and G2252 are for non-physician practitioners) are applicable to established patients only.
- Remote Physiologic Monitoring (RPM) – Clinicians can no longer perform RPM with new patients.

During the PHE, clinicians were allowed to bill CPT codes 99453 and 99454 when as few as two days of data were collected if the patient was diagnosed with, or was suspected of having, COVID-19 and as long as all other billing requirements of the codes were met. After May 11, 2023, clinicians must only bill for these services when at least 16 days of data have been collected.

- SNF Billing for Mass Immunizers - Beginning July 1, 2023, SNFs will be responsible for billing vaccines under Medicare Part A stay. Third-party suppliers furnishing these vaccines under arrangement with the SNF would be required to seek payment from the SNF for their services, consistent with SNF consolidated billing regulations.
- SNF Qualifying Three-day Hospital Stay - For any new Medicare Part A covered SNF stay which begins after May 11, 2023, (including stays which experience a break in Medicare Part A coverage that exceeds three consecutive calendar days before resuming SNF coverage), these stays will require a Qualified Hospital Stay (QHS).

Billing Code Changes

Service	Description	Billing Code	Coverage Changes
Originating Site Facility Fee	Hospitals cannot bill for this code after the PHE unless the member is located within a hospital and the member receives a Medicare telehealth service from an eligible distant site practitioner	Q3014	Discontinued
Hospital Outpatient Clinic Visit	If the member is within a hospital and receives a hospital outpatient clinic visit (including a mental/behavioral health visit) from a practitioner in the same physical location, then the hospital would bill for the clinic visit	G0463	Continue
Remote Mental Health Services	If the member is in their home and receives a mental/behavioral health service from hospital staff through the use of telecommunications technology and no separate professional service can be billed, then the hospital would bill for the applicable HCPCS C-code	C7900 - C7902	Continue
Subsequent Inpatient Visit	Subsequent inpatient visit furnished via telehealth once every 3 days	99231 - 99233	Removed frequency restrictions through December 31, 2023
Subsequent Nursing Facility Visit	Subsequent nursing facility visit furnished via telehealth once every 14 days	99307 - 99309	Removed frequency restrictions through December 31, 2023
Education and Training Services	Education and training services under the remote Partial Hospitalization Program services	G0177	Discontinued
Additional Telehealth Service Codes	Additional temporary and permanent telehealth service codes added by Medicare	Link	Additional codes for 2023 and beyond