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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Guidance for Providers on the COVID-19 Medicaid Testing Eligibility Group

October 29, 2020 (Updates September 4, 2020 Guidance)

Medicaid Testing Eligibility Group

This is an update to the Guidance for Providers issued September 4, 2020. This update provides information about the new BinaxNOW COVID–19 Ag Card, a rapid antigen test for detecting active infections of COVID-19, and provides additional testing and reporting guidance for point-of-care testing as community transmission is increasing. There is also clarification related to what qualifies as uninsured for the purposes of eligibility for this Medicaid group. New information is in red.

New Hampshire Medicaid has opted to cover testing and diagnostic related services for uninsured residents of New Hampshire through the Medicaid program. This authority is provided by the Families First Coronavirus Relief Act (FFCRA). To receive coverage, an uninsured patient is required to apply for Medicaid and qualify. This Medicaid eligibility group does not cover treatment or medication for COVID-19 and does not cover any other services other than the COVID-19 testing and diagnostic related services.

Below is information for clinical providers about the eligibility and services provided for this new Medicaid Eligibility Group. Please note that further guidance from CMS is still forthcoming and this information will be updated as it becomes available.

Who is eligible for the COVID-19 Medicaid Testing Group?

Individuals who either do not have insurance or are enrolled in a limited benefit Medicaid eligibility group (i.e. individuals eligible for family planning and related services or individuals eligible as "medically needy with spenddown") may be eligible for coverage. Individuals enrolled in short-term, limited-duration health insurance plans[1] that do not cover COVID-19 testing are also considered eligible for this Medicaid Testing Group. In addition, individuals participating in Healthcare Sharing Plans may also be eligible for this Testing Group since Healthcare Sharing plans are not health insurance.   There is no income limit or resource test for this group. In addition to being uninsured, in a limited benefit Medicaid eligibility group, or in a short-term health insurance plan, an individual must be a NH resident, a US citizen or have qualifying immigration status and provide a social security number (SSN).

[1] CMS defines short-term, limited-duration insurance as "a type of health insurance coverage that was primarily designed to fill gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage, such as in between jobs."

Are individuals who have health insurance, but need a COVID-19 test for public health surveillance or other reasons that is not for the specific benefit of the patient, eligible for testing coverage under this Medicaid Testing Group?

Our understanding at this time is that Medicaid will only cover COVID-19 tests and diagnostic related services that are medically necessary as determined by the health care provider. Please refer to the Coronavirus Disease 2019 (COVID-19) Outbreak Health Alert Message #19: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update19.pdf regarding recommendations for testing, which includes persons with even mild symptoms of COVID-19 and asymptomatic patients.

Health care providers determine if a pre-symptomatic or asymptomatic person should be tested for COVID-19 as a medically necessary service in the setting of potential community exposure, travel or mass transit exposure, or exposure to a close contact of people with suspected or confirmed COVID-19.

There are ICD-10 diagnosis codes that indicate medical necessity for the symptomatic and asymptomatic testing. Providers should use the ICD-10 codes for any of the symptoms of COVID-19 as the ordering code for the test, and if testing someone who is asymptomatic use the ICD-10 code Z20.828- Contact with and (suspected) exposure to other viral communicable diseases, which indicates that the person may have potential exposure to the virus and thus it is medically necessary to test. The current CDC coding rules for testing for COVID-19 can be found here: https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf?fbclid=IwAR06h6zP8KkehNzjEqlpGvACzMBhP26Khp9WG1JqbfLUQpYOt_LCqwGVHxU

This applies to Medicaid in general as well as the Medicaid Testing Group. We will inform providers and stakeholders if CMS provides further guidance.

Is a provider referral needed for the COVID-19 test under the Medicaid Testing Group?

A written provider referral is not needed for an individual to receive a COVID-19 test. As with any other type of lab test, a clinical provider order must be submitted to the testing laboratory for the lab to test the specimen for COVID-19.

What services are covered under the new Medicaid Testing Group?

Covered testing services include telehealth or in-person visits for diagnostic evaluation of COVID-19, chest x-rays for the purpose of diagnosing COVID-19, specimen collection and testing for COVID-19 with PCR or antigen-based testing, antibody testing, and FDA approved saliva tests, including the new BinaxNOW Rapid Antigen Test Cards, and other point-of-care testing. This Medicaid eligibility group does not cover treatment or medication for COVID-19 and does not cover any other services other than the COVID-19 testing and diagnostic related services.

 This eligibility group is covered under Medicaid Fee-For-Service; there is no MCO involvement.

Can providers bill for the BinaxNOW Rapid Antigen tests?

Providers cannot bill for the actual COVID-19 test if the BinaxNOW antigen test cards were provided free to the providers. However, providers can bill the appropriate Evaluation and Management (E&M) code for evaluation and management of an individual that may result in a test using a

BinaxNOW test card and the appropriate specimen collection code. The typical specimen code would be G2023 as these tests are primarily being used in outpatient settings (as opposed to inpatient hospital settings and Long Term Care Facilities).

Note that providers must report test results from BinaxNOW Rapid tests and all other Point-of-Care testing to NH Division of Public Health. Coronavirus Disease 2019 (COVID-19) Outbreak Health Alert Messages # 23 and 22 provide testing and reporting guidance for point-of-care testing as community transmission is increasing: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update23.pdf and https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

Is there a limit to the number of COVID-19 tests an individual may receive under the Medicaid Testing Group?

Our understanding at this time is that there is not a limit on the number of medically necessary tests an individual may have as long as the medical necessity is determined by an appropriate clinical provider. Tests that are not considered medically necessary and for the direct benefit of the patient are not covered under this Medicaid Testing Group (or under Medicaid generally.) Please refer to the Coronavirus Disease 2019 (COVID-19) Outbreak Health Alert Message #19: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update19.pdf regarding recommendations for testing, which includes persons with even mild symptoms of COVID-19 and asymptomatic patients. In addition, Coronavirus Disease 2019 (COVID-19) Outbreak Health Alert Messages # 23 and 22 provide testing and reporting guidance for point-of-care testing as community transmission is increasing: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update23.pdf and https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

How can an individual apply for the Medicaid Testing Group?

Individuals can fill out a simple, streamlined Medicaid application for this testing group directly filled out and processed electronically in NH EASY: https://nheasy.nh.gov/#/ and clicking on the "COVID-19 TESTING" button in the middle of the page. Applications can also be e-mailed or mailed to individuals who choose not to apply online or are unable to apply electronically by calling (603) 271-7373 or by e- mailing the request for application at BFA.800UI@dhhs.nh.gov Please be aware that this number is only for questions related to the Medicaid application for testing coverage; it is NOT for questions about test scheduling or for test results.

What is the coverage time period for the Medicaid Testing Group?

Coverage for this program is as of March 18, 2020 and will end the day the national Public Health Emergency ends. The end date is yet to be determined at this time. Coverage is determined based on the application date. Eligibility begins:

ο   3/18/2020 for applications submitted prior to 6/17/2020 or
ο   90 days before the application date for applications submitted on or after 6/17/2020

How does the Medicaid Testing Group relate to the HRSA COVID-19 Claims Reimbursement Program?

The COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program provides reimbursements on a rolling basis directly to eligible providers for claims that are attributed to the testing and treatment of COVID-19 for uninsured individuals.

Individuals enrolled in the Medicaid Testing Group are considered <u>to have insurance coverage</u> for <u>COVID-19 testing and diagnosis, but uninsured for treatment.</u> Therefore; providers may be reimbursed for COVID-19 treatment services provided to otherwise uninsured individuals enrolled in the COVID-testing group.   HRSA, via its claims contractor, United Health Care (UHC), will perform third party clearances with states' MMIS to ensure proper coordination of benefits for Medicaid beneficiaries. Because entry of beneficiaries enrolled in the COVID-19 testing group into the MMIS may be delayed in some states, UHC will perform third party clearances at the initial receipt of a claim from providers and conduct periodic retrospective reviews.

If a HRSA payment has been made for an individual that has insurance coverage, payment will be recouped from the provider and the provider will need to bill the appropriate insurance.
This includes Medicaid coverage for this new group.

Should providers encourage uninsured individuals to apply for this Medicaid Testing Group?

Yes. By directing uninsured individuals to apply for the COVID-19 testing benefit through NH EASY, individuals can learn about the more comprehensive Medicaid program they may be eligible for as well as other DHHS benefit programs. There is no risk to the provider in enrolling an individual in the Medicaid Testing Group. If the individual is determined to not meet the eligibility criteria, the provider can still submit for reimbursement for the COVID test through the HRSA program. If an individual enrolls in the Medicaid Testing Group after their provider already submitted the testing claim and received reimbursement from the HRSA program; HRSA will recoup the payment for the test but the provider will be reimbursed through Medicaid.

What are the COVID-19 Testing Codes?

The most current reimbursement codes for COVID-19 testing and diagnosis related services can be found in the MMIS and are updated regularly as additional coding and reimbursement information becomes available.

Please note that this information will be updated as CMS issues further guidance. NH DHHS will provide additional guidance as available.