

Telehealth and Telemedicine Services for Louisiana RHCs During COVID-19*

*This information is current as of 03/16/2020 at 1:00 pm. This is a dynamic and fluid situation. Information and guidance are changing very quickly. This is what is known now.

Abstract

A statewide shortage or anticipated shortage of PPE has been either changed and clarified telehealth, telemedicine, and telephonic services from LDH and Medicaid. Medicare policy for RHCs has not been changed. Commercial plan policy and reimbursement will vary by payer. Other requirements and considerations are also included in this document.

Medicare

Telemedicine/Encounters

Rural health clinics and critical access hospitals can only originate site for telemedicine. In this situation the patient is in the RHC and the telemedicine distance provider is somewhere else. This is statutory in nature and is not easily changed. NARHC and NRHA are both aggressively challenging HHS and CMS on this issue. In spite of what you may have seen or read, RHCs CANNOT provide telemedicine as a distant provider.

Virtual Communication Services

RHCs and other qualified providers can provide Virtual Communication Services (VCS). A physician, NP, or PA must be the healthcare professional to provide the VCS. Nursing staff cannot provide VCS. **The reimbursement for G0071 for Louisiana is \$13.29.** A VCS cannot occur within 10 days of a previous face-to-face visit and cannot result in a face-to-face visit within 24 hours or the next available appointment. The RHC can provide a VCS which results in a referral to another provider. The VCS is not incident-to a previous service.

Medicaid

Telemedicine/Encounters

Louisiana does allow the RHC to be the distance site and there is no restriction on the originating site (home, school, etc.). These encounters are reimbursed at the current RHC all-inclusive Medicaid rate. The telemedicine services should be supported by complete clinical documentation of the evaluation and management service. The services are reported using the 837P/1500 claim format with a place of service (POS) of 02. The T1015 Code is reported on

the first line with the -95 modifier. Each subsequent service line should also be appended with -95 modifier. See the accompanying provider update from March 14th.

Telephonic Evaluation and Management

Louisiana is also permitting all providers to conduct telephonic evaluations. WellAhead confirmed this morning that RHCs are not excluded from providing these phone consultations. No specific billing instructions or guidelines have been published for RHCs. Providers are urged to maintain good record-keeping of these services and have clinical documentation to support the service.

Below is from the latest LDH Provider Update:

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 MCOs. Services are only to be rendered for the care of established patients or 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

Commercial Payers

Commercial plans/payers are responding in their own ways. Some like UHC are waiving all cost share of deductibles and coinsurance amounts. Some like Blue Cross are offering \$0 telephonic visits with their own tele-doc services. Please follow any guidance sent to you via email or reach out to your provider reps if you have questions about a specific plan's directives.

Recordkeeping and Clinical Documentation

Please have adequate recordkeeping methods in place and train professional healthcare staff and clinical staff on the elements required for complete documentation. For telemedicine and telehealth, you could have start and stop times for the communications. The clinical note should support the service provided. Include documentation of a COVID-19 related service. This is important for all providers and, in particular for RHCs and CAHs, who may need to quantify and qualify services at a later date for billing or cost-reporting.

Restricting Visitors

On March 12, 2020, LDH Health Standards announced a requirement for all licensed healthcare facilities to adopt a policy on restricting non-essential visitors. RHCs are reminded that they are licensed healthcare facilities in Louisiana. If you are an InQdocs subscriber, we have added an addendum to Policy #295, Visitor Policy. Clients can download library item 295-D, customize it and then upload it to replace Placeholder 295-D. If you have already developed this process for restricting visitors, you may upload your own document to replace the placeholder. If you are not an InQdocs subscriber, you will need to revise your Visitor Policy or create a protocol in order to comply with Health Standard's requirements.

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Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs)

MLN Matters Number: MM10843

Related Change Request (CR) Number: 10843

Related CR Release Date: August 10, 2018

Effective Date: January 1, 2019

Related CR Transmittal Number: R2118OTN

Implementation Date: January 7, 2019

PROVIDER TYPE AFFECTED

This MLN Matters Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) who are billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR10843 provides instructions for payment to RHCs and FQHCs billing for communication technology-based services for dates of service on or after January 1, 2019. Make sure your billing staffs are aware of these instructions.

BACKGROUND

CR10843 provides instructions for payment to RHCs and FQHCs furnishing General Care Management (HCPCS code G0511), Psychiatric Collaborative Care Model (CoCM) (HCPCS code G0512), and Virtual Communications (HCPCS code G0071).

In the CY 2018 Physician Fee Schedule (PFS) final rule, the Centers for Medicare & Medicaid Services (CMS) established payment for HCPCS codes G0511 and G0512, effective January 1, 2018. RHCs and FQHCs can bill HCPCS codes G0511 or G0512 once per month per beneficiary, and these codes cannot be billed if other care management services are billed for the same time period.

In the CY 2019 PFS final rule, CMS finalized a policy for payment to RHCs and FQHCs for communication technology-based services (“virtual check-in”) or remote evaluation services, effective January 1, 2019. CMS created a new Virtual Communications G Code, G0071 for use by RHCs and FQHCs only, with the payment rate set at the average of the PFS non-facility payment rate for communication technology-based services and remote evaluation services.

RHCs and FQHCs can bill G0511, G0512, and G0071 alone or with other payable services on an RHC or FQHC claim.

Payment, Coinsurance, and Deductible

MACs shall generally pay 80 percent of the lesser of the RHC or FQHC's charge for HCPCS codes G0511, G0512, and G0071, or the corresponding rate. CMS updates the rates annually based on the PFS and the rates for the codes are as follows:

- G0511 is set at the average of the national non-facility PFS payment rates for Chronic Care Management (CCM) (Current Procedural Terminology (CPT) code 99490, CPT code 99487, and CPT code 99484) and General Behavioral Health Integration (HCPCS code G0507).
- G0512 is set at the average of the two national non-facility PFS payment rates for CoCM (HCPCS codes G0502 and G0503).
- G0071 is set at the average of the two national non-facility PFS payment rates for communication technology-based services (HCPCS code G2012) and remote evaluation services (HCPCS code G2010).

HCPCS codes G0511, G0512, and G0071 are subject to coinsurance and deductibles in RHCs, and subject to coinsurance in FQHCs. Coinsurance will generally be 20 percent of the lesser of the RHC or FQHC's charge for HCPCS codes G0511, G0512, and G0071, or the corresponding rate.

Requirements for Virtual Communications (HCPCS code G0071)

Medicare waives the RHC and FQHC face-to-face requirements when an RHC or FQHC furnishes these services to an RHC or FQHC patient. RHCs and FQHCs receive payment for communication technology-based services or remote evaluation services when an RHC or FQHC practitioner provides at least 5 minutes of communications-based technology or remote evaluation services to a patient who has been seen in the RHC or FQHC within the previous year.

RHCs and FQHCs may only bill for these services when the medical discussion or remote evaluation is for a condition not related to an RHC or FQHC service provided within the previous 7 days, and does not lead to an RHC or FQHC service within the next 24 hours or at the soonest available appointment, since in those situations, Medicare already pays for the services as part of the RHC or FQHC per-visit payment.

ADDITIONAL INFORMATION

The official instruction, CR10843, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2118OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

| Date of Change | Description |
|------------------|---------------------------|
| January 23, 2019 | Initial article released. |

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State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 14, 2020
TO: All Louisiana Medicaid Providers
FROM: Erin Campbell, Acting Medicaid Director
SUBJECT: Novel Coronavirus Disease (COVID-19) Provider Update: 3.14.2020

The below advisory is to inform all providers rendering services to Louisiana Medicaid members, including members of all Healthy Louisiana managed care organizations (MCOs). This information will be updated as new information is available. New information is indicated by underlining.

On March 11, 2020, Governor Edwards declared a public health emergency in response to COVID-19. For current updates on the status of COVID-19 in Louisiana, please see the Office of Public Health (OPH) COVID-19 website, located at: <http://ldh.la.gov/coronavirus>.

The below information is provided in relation to COVID-19 in Louisiana.

Laboratory Testing of Suspected Patients

For patient selection and testing procedures, please refer to the recent OPH Health Alert Network Message, located at: http://ldh.la.gov/assets/oph/Center-CP/HANs/Han_20-14.pdf

Effective for dates of service on or after March 5, 2020, Louisiana Medicaid covers commercial COVID-19 testing, without restrictions or prior authorization, for members that have symptoms compatible with COVID-19. Reimbursement is provided at Medicare rates and this coverage is provided with no copay. Testing of asymptomatic patients is not recommended and considered not medically necessary at this time. 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), non-CDC

Providers should immediately report positive COVID-19 commercial laboratory results to the OPH Infectious Disease Epidemiology Hotline at 1-800-256-2748.

All patients suspected (and undergoing testing) for COVID-19 should remain hospitalized if needed or isolate at home until they receive their test results. If test results are positive, patients should continue to be isolated until cleared by a physician or public health official.

Of note, commercially available respiratory viral panel tests, represented by CPT codes 87631, 87632, and 87633, are not appropriate for diagnosing suspected COVID-19 at this time. While these panels may include coronavirus targets, they do not reliably cross-react with SARS-CoV-2, the virus that causes COVID-19, because it is a novel coronavirus. False positives and false negatives can delay appropriate diagnosis and treatment. Therefore, these tests are considered not medically necessary for this purpose.

Testing and Treatment Coverage

For all Medicaid members, testing is covered with no copay. In addition, clinic visits, emergency department visits, and hospitalizations related to COVID-19 testing and treatment are covered without copays.

Telemedicine

Louisiana Medicaid encourages the use of simultaneous audio/visual telemedicine, when appropriate, to decrease the potential for patient-to-patient transmission in shared spaces (e.g., waiting rooms) and patient-to-provider transmission. Telemedicine may be used to evaluate patients who report respiratory and systemic symptoms, for example, in a non-emergency situation when a face-to-face visit is not necessary. Further, telemedicine may be used to provide routine care for older patients, or those with chronic illnesses, for the purpose of reducing their exposure to healthcare facilities.

Louisiana Medicaid, including all Healthy Louisiana MCOs, allows for the telemedicine mode of delivery for many common healthcare services. When otherwise covered by Louisiana Medicaid, telemedicine is allowed for all Common Procedural Terminology (CPT) codes located in Appendix P of the CPT manual. These codes include, but are not limited to, new and established outpatient office visit codes.

Claims submitted for telemedicine services must indicate place of service 02 and must have modifier -95 appended. Reimbursement for visits delivered via telemedicine is similar to face-to-face visits, subject to any terms and conditions in provider contracts with Medicaid MCOs. Providers should contact their contracted MCO for information that may affect billing procedures and reimbursement rates.

There is currently no formal limitation on the originating site (i.e., where the patient is located) and this can include, but is not limited to, a healthcare facility, school, or the patient's home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit.

Providers offering services via telemedicine must use a secure, HIPAA-compliant platform and adhere to all telemedicine-related requirements of their professional licensing board.

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 MCOs. Services are only to be rendered for the care of established patients or 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:

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Z20.828: Contact with and (suspected) exposure to other viral communicable disease

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. To reduce exposure, providers should consider encouraging members to use pharmacies that offer free home delivery services or drive-through pickup services.

Medication-assisted Treatment for Substance Use Disorders

Prescribers are encouraged to use existing flexibility provided under federal law to ensure continuity of treatment for members with substance use disorders. Sublingual buprenorphine and buprenorphine/naloxone products, for example, are Schedule III controlled substances and prescriptions may be written for up to a 30-day supply with up to 2 refills. The benefits of ensuring continuity of treatment and resulting overdose prevention will often outweigh the risks of diversion and misuse.

Prescribers are also encouraged to educate members regarding the availability of naloxone for those who may be at risk for overdose. Naloxone is available via a statewide standing order, and naloxone is covered without prior authorization for all Louisiana Medicaid members.

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.

Vaccine

At this time there is no vaccine to prevent COVID-19. When a federally-approved vaccine is available, it will be covered for all Medicaid members with no copay.

Quarantine or Isolation Orders

Healthcare services provided as a result of a public health quarantine or isolation order or recommendation, when otherwise covered by Louisiana Medicaid, are always considered medically necessary.

Quality Programs

Participation in provider quality incentive programs will not be negatively affected by the disruption caused by COVID-19. When determining provider incentives, Healthy Louisiana MCOs will account for the effects of COVID-19 on the healthcare system.

Personal Protective Equipment

Providers should preserve personal protective equipment for use with patients with suspected or confirmed COVID-19.

Coding

To ensure proper reporting, providers should follow CDC's Official Coding Guideline when selecting a diagnosis code.

This guideline is available at: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

Resources for Patients

For anyone with questions about coronavirus, please direct them to contact the Louisiana 211 Network by dialing 211. Or, they can text the keyword LACOVID to 898-211 for the most current information about the outbreak as it becomes available. They can also get answers here:

www.la211help.org.

Appendix: DME HCPCS Codes for a 90-day Supply

| <u>Incontinence Supplies</u> | | | | |
|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>A4310</u> | <u>A4357</u> | <u>A4385</u> | <u>A4405</u> | <u>T4521</u> |
| <u>A4311</u> | <u>A4358</u> | <u>A4387</u> | <u>A4406</u> | <u>T4522</u> |
| <u>A4320</u> | <u>A4360</u> | <u>A4388</u> | <u>A4407</u> | <u>T4523</u> |
| <u>A4322</u> | <u>A4361</u> | <u>A4389</u> | <u>A4408</u> | <u>T4524</u> |
| <u>A4326</u> | <u>A4362</u> | <u>A4390</u> | <u>A4409</u> | <u>T4525</u> |
| <u>A4327</u> | <u>A4364</u> | <u>A4391</u> | <u>A4410</u> | <u>T4526</u> |
| <u>A4328</u> | <u>A4367</u> | <u>A4392</u> | <u>A4411</u> | <u>T4527</u> |
| <u>A4331</u> | <u>A4368</u> | <u>A4393</u> | <u>A4413</u> | <u>T4528</u> |
| <u>A4332</u> | <u>A4369</u> | <u>A4397</u> | <u>A4414</u> | <u>T4529</u> |
| <u>A4335</u> | <u>A4371</u> | <u>A4398</u> | <u>A4415</u> | <u>T4530</u> |
| <u>A4336</u> | <u>A4372</u> | <u>A4399</u> | <u>A4416</u> | <u>T4531</u> |

| | | | | |
|--------------|--------------|--------------|--------------|--------------|
| <u>A4338</u> | <u>A4373</u> | <u>A4400</u> | <u>A4417</u> | <u>T4532</u> |
| <u>A4344</u> | <u>A4375</u> | <u>A4402</u> | <u>A4418</u> | <u>T4533</u> |
| <u>A4349</u> | <u>A4376</u> | <u>A4404</u> | <u>A4419</u> | <u>T4534</u> |
| <u>A4351</u> | <u>A4377</u> | | <u>A4421</u> | <u>T4535</u> |
| <u>A4352</u> | <u>A4378</u> | | <u>A4422</u> | <u>T4539</u> |
| <u>A4353</u> | <u>A4379</u> | | <u>A4423</u> | <u>T4543</u> |
| <u>A4354</u> | <u>A4380</u> | | <u>A4424</u> | |
| <u>A4355</u> | <u>A4381</u> | | <u>A4425</u> | |
| <u>A4356</u> | <u>A4382</u> | | <u>A4426</u> | |
| | <u>A4383</u> | | <u>A4427</u> | |
| | <u>A4384</u> | | <u>A4428</u> | |
| | | | <u>A4429</u> | |
| | | | <u>A4431</u> | |
| | | | <u>A4432</u> | |
| | | | <u>A4433</u> | |
| | | | <u>A4434</u> | |

| <u>Wound Care Supplies</u> | | | |
|----------------------------|--------------|--------------|--------------|
| <u>A4450</u> | <u>A6210</u> | <u>A6245</u> | <u>A6506</u> |
| <u>A4452</u> | <u>A6211</u> | <u>A6246</u> | <u>A6507</u> |
| <u>A4455</u> | <u>A6212</u> | <u>A6247</u> | <u>A6508</u> |
| <u>A4456</u> | <u>A6213</u> | <u>A6248</u> | <u>A6510</u> |
| <u>A4459</u> | <u>A6214</u> | <u>A6250</u> | <u>A6511</u> |
| <u>A4461</u> | <u>A6215</u> | <u>A6251</u> | <u>A6513</u> |
| <u>A4463</u> | <u>A6216</u> | <u>A6252</u> | <u>K0744</u> |
| <u>A5120</u> | <u>A6217</u> | <u>A6253</u> | <u>K0745</u> |
| <u>A5121</u> | <u>A6218</u> | <u>A6254</u> | <u>K0746</u> |
| <u>A5122</u> | <u>A6219</u> | <u>A6255</u> | |
| <u>A6021</u> | <u>A6220</u> | <u>A6256</u> | |
| <u>A6022</u> | <u>A6221</u> | <u>A6257</u> | |
| <u>A6023</u> | <u>A6222</u> | <u>A6258</u> | |
| <u>A6024</u> | <u>A6223</u> | <u>A6259</u> | |
| <u>A6025</u> | <u>A6224</u> | <u>A6260</u> | |
| <u>A6154</u> | <u>A6228</u> | <u>A6261</u> | |
| <u>A6196</u> | <u>A6229</u> | <u>A6262</u> | |
| <u>A6197</u> | <u>A6230</u> | <u>A6266</u> | |
| <u>A6198</u> | <u>A6234</u> | <u>A6402</u> | |

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|--------------|--------------|--------------|--|
| <u>A6199</u> | <u>A6235</u> | <u>A6403</u> | |
| <u>A6203</u> | <u>A6236</u> | <u>A6404</u> | |
| <u>A6204</u> | <u>A6237</u> | <u>A6410</u> | |
| <u>A6205</u> | <u>A6238</u> | <u>A6446</u> | |
| <u>A6206</u> | <u>A6241</u> | <u>A6501</u> | |
| <u>A6207</u> | <u>A6242</u> | <u>A6502</u> | |
| <u>A6208</u> | <u>A6243</u> | <u>A6504</u> | |
| <u>A6209</u> | <u>A6244</u> | <u>A6505</u> | |

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| <u>Apnea and Breathing Monitors</u> |
| <u>A4556</u> |
| <u>A4557</u> |
| <u>E0619</u> |

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|-------------------------------------|
| <u>Electric Breast Pumps</u> |
| <u>A4281</u> |
| <u>E0603</u> |

| |
|---------------------------------|
| <u>Diabetic Supplies</u> |
| <u>A4224</u> |
| <u>A4225</u> |
| <u>A4230</u> |
| <u>A4231</u> |
| <u>A4233</u> |
| <u>A4234</u> |
| <u>A4235</u> |
| <u>A4236</u> |
| <u>A9276</u> |
| <u>A9277</u> |
| <u>A9278</u> |
| <u>E0607</u> |

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|--------------------------------------|
| <u>Home Dialysis Supplies</u> |
| <u>A4690</u> |
| <u>A4730</u> |
| <u>A4740</u> |
| <u>A4750</u> |

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|--------------|
| <u>A4755</u> |
| <u>A4760</u> |
| <u>A4765</u> |
| <u>A4860</u> |
| <u>A4913</u> |

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

| | |
|--|--------------|
| <u>Tracheostomy Care Supplies</u> | |
| <u>A4481</u> | <u>A4627</u> |
| <u>A4483</u> | <u>A4628</u> |
| <u>A4611</u> | <u>A4629</u> |
| <u>A4612</u> | <u>A7048</u> |
| <u>A4613</u> | <u>A7501</u> |
| <u>A4613</u> | <u>A7502</u> |
| <u>A4614</u> | <u>A7520</u> |
| <u>A4615</u> | <u>A7521</u> |
| <u>A4616</u> | <u>A7522</u> |
| <u>A4618</u> | <u>A7524</u> |
| <u>A4618</u> | <u>A7525</u> |
| <u>A4620</u> | <u>A7526</u> |
| <u>A4623</u> | <u>A7527</u> |
| <u>A4624</u> | <u>E0600</u> |
| <u>A4625</u> | |

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

| <u>Pulse Oximeter Probes and Tape</u> |
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| <u>A4606</u> |
| <u>E0445</u> |

| <u>Intravenous Therapy</u> |
|-----------------------------------|
| <u>S1015</u> |

| <u>Respiratory Supplies</u> |
|------------------------------------|
| <u>A7003</u> |
| <u>A7005-A7009</u> |
| <u>A7012-A7017</u> |
| <u>E0470</u> |
| <u>E0471</u> |
| <u>E0480</u> |
| <u>E0482</u> |
| <u>E0483</u> |
| <u>E0570</u> |
| <u>E0585</u> |



State of Louisiana

Louisiana Department of Health

HEALTHCARE FACILITY NOTICE

FOR IMMEDIATE RELEASE

TO: All Licensed Health Care Facilities in Louisiana

FROM: LDH Office of Public Health
Jimmy Guidry, State Health Officer

LDH Health Standards
Cecile Castello, Deputy Assistant Secretary

RE: Visitor Restriction

DATE: March 12, 2020

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The State of Louisiana, Department of Health ("LDH"), is committed to taking critical steps to ensure public health and safety; to prevent the spread of COVID-19 in healthcare facilities, the State of Louisiana, Department of Health, is **DIRECTING AND REQUIRING** that all licensed healthcare facilities in Louisiana that receive visitors, adhere to the following provisions, restrictions, and limitations, **EFFECTIVE IMMEDIATELY**:

A. VISITOR RESTRICTION

A.1. Any licensed healthcare facility in Louisiana that receives visitors shall **IMMEDIATELY PROHIBIT** all non-essential visitors for thirty (30) days; this 30 day mandatory prohibition of visitors shall commence on March 12, 2020, and shall end on April 10, 2020, unless otherwise extended by written notice from the Department.

(a) Visitors deemed essential, vital, or necessary to the patient's/client's/resident's care and well-being, as determined by the individual healthcare facility after consultation with the family/responsible party, may be allowed into the facility pursuant to policies/procedures adopted by the healthcare facility, provided that such visitor does not meet the definition of Restricted Person [see definition in Paragraph A.3 below].

A.2. However, this prohibition on non-essential visitors is subject to the following exception:

(a) A Visitor who does not meet the definition of a Restricted Person [see definition in Paragraph A.3 below] may be allowed to enter the facility as a non-essential visitor, subject to the facility's approval, in situations involving a resident/client/patient who is on end-of-life care.

A.3. A Restricted Person is defined as a person who meets any one or more of the following criteria:

(a) Has signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat (as assessed by the facility);

(b) In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or has been or is currently ill with respiratory illness;

(c) Has been on international travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries, please see: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

(d) Is residing in a community where community-based spread of COVID-19 is occurring.

A.4. A facility shall immediately implement a policy and procedure to offer alternative means of communication for residents/clients/patients and their families and friends. Alternative means of communication may include virtual visitations and communications (telephone access, Skype, Face Time, other video-communications, etc.). Facility should consider assigning staff as primary contact for families for inbound calls, and should consider conducting regular outbound calls to keep families up to date.

A.5. A Facility shall immediately notify responsible parties and family members of prohibitions on visitation and the alternative means of communication for residents/clients.

B. ELECTIVE PROCEDURES

B.1 The Department recommends that all facilities consider limiting and restricting all elective or voluntary medical procedures in their facilities, for thirty (30) days from the date of this Notice.

End of Memo