



January 27, 2023

Web Announcement 2992

## COVID-19 Covered Services for Uninsured Individuals (COVID-19 Temporary)

Nevada Medicaid covers COVID-19 services for those that meet the definition of “uninsured individual” and are not covered by another health plan such as a federal health care program (including Nevada Check Up, Medicare, TRICARE, Veterans Administration (VA), federal employee health plan), group health plan or health insurance coverage offered by a health insurance issuer including a qualified health plan through an Exchange, employer-sponsored health insurance, retiree health plans, or COBRA continuation coverage. This coverage is determined by the Nevada Division of Welfare and Supportive Services (DWSS) and is called “COVID-19 Temporary.” “COVID-19 Temporary” is a Fee-for-Service (FFS) aid code only.

A person who is eligible for “COVID-19 Temporary” may not already be enrolled in Nevada Medicaid. Services can be provided to an individual, but the individual will need to be referred to the Nevada DWSS to screen for eligibility and complete their enrollment. The provider takes on the risk of no reimbursement if they provide services to a person who is not enrolled in Nevada Medicaid as “COVID-19 Temporary.”

Uninsured individuals must apply through DWSS at <https://accessnevada.dwss.nv.gov>. For applicants that are eligible for this aid category, the DWSS will approve their eligibility start date to be retroactive back to March 11, 2021.

In order for providers to submit claims for which eligibility was determined after the date of service and within the required time frame, providers should query the Electronic Verification System (EVS) every 30 days until the determination of eligibility is obtained.

The following are two sets of time frames with covered COVID-19 services for “COVID-19 Temporary.”

### March 18, 2020, through March 10, 2021

Nevada Medicaid was originally only approved for the following COVID-19 services for individuals eligible for “COVID-19 Temporary.” March 18, 2020, through March 10, 2021, a person eligible for “COVID-19 Temporary” is limited to the following COVID-19 services:

- Evaluation and management assessments,
- Diagnostic testing and serology antibody testing, and
- Chest X-ray services.
- Coverage not included for COVID-19 treatment or COVID-19 vaccine administration.

### March 11, 2021, to the end of the COVID-19 public health emergency

On November 21, 2022, the Centers for Medicare & Medicaid Services (CMS) approved for Nevada Medicaid to cover additional COVID-19 services to individuals eligible for “COVID-19 Temporary.” This approval allows Nevada Medicaid to retro additional COVID-19 services back to March 11, 2021.

March 11, 2021, to the end of the COVID-19 public health emergency, a person eligible for “COVID-19 Temporary” is limited to the following medically necessary COVID-19 services:

- Evaluation and management assessments,
- Diagnostic testing and serology antibody testing,
- COVID-19 over-the-counter (OTC) tests authorized by the U.S. Food and Drug Administration (FDA),
- Chest X-ray services,
- COVID-19 vaccine administration,
- Emergency transportation (ambulance, air or ground), and
- Treatment for COVID-19 such as physician services, emergency room, inpatient hospital services, medication, etc.

Reimbursement is for COVID-19 related services only. Services that are not COVID-19 related will not be reimbursed. For example, if an uninsured individual presents with a broken arm and tests positive for COVID-19, only COVID-19 related services may be reimbursed. As noted above, this "COVID-19 Temporary" aid category will end the day the COVID-19 public health emergency ends and COVID-19 services will not be covered for this aid category after this date. The Secretary of the Department of Health and Human Services will determine when the COVID-19 public health emergency will end.

Providers will have up to one year from the end of the public health emergency to submit claims (six months for in-state providers and one year for out-of-state providers).

If a person is made eligible for "COVID-19 Temporary" and paid for services that are now covered, the provider must bill Nevada Medicaid FFS for these services. The provider must reimburse the eligible person and accept Medicaid reimbursement as payment in full. Claim submission timeliness requirements will be waived.

COVID-19 OTC tests will be reimbursed only through provider type (PT) 28 Pharmacy. The [Pharmacy Provider Manual](#) has been updated to include information about reimbursement. Nevada Medicaid will reimburse a pharmacy at a rate of \$12.00 per individual test (or the cost of the test, if less than \$12.00) with a quantity limit of eight tests per month. Providers must bill on a per unit basis with the appropriate National Drug Code (NDC). For example, if a package includes two tests, the provider should bill for two units which would equate a \$24.00 reimbursement.

Claims for any COVID-19-related procedure codes that denied because the procedure codes were not in the system for the appropriate provider types or during the effective dates may be reprocessed automatically at a later date, if needed. Results of any reprocessed claims will appear on a future remittance advice.

Any claims for COVID-19 OTC tests that were previously submitted by a PT 28 Pharmacy and denied due to non-coverage should be resubmitted.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

All Nevada Medicaid FFS billing guides, including COVID-19, can be found on the Providers Billing Information webpage at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.

For additional COVID-19 information, please see the Division of Health Care Financing and Policy (DHCFP) COVID-19 webpage at: <https://dhcfnv.gov/covid19/>. A Member Outreach page is now available with resources related to COVID-19 that providers and partners can distribute to members. The page is available at: <https://dhcfnv.gov/Pgms/CPT/COVID-19/MemberOutreach/> As a reminder, anyone can sign up to receive emails directly from Nevada Medicaid about a variety of topics. ListServes are available for members and providers [here](#).