

**PRESUMPTIVE ELIGIBILITY COVERING
COVID-19-RELATED SERVICES:
AID CODE V2**

To serve the Coronavirus Disease 2019 (COVID-19) related health care needs of Californians, the Department of Health Care Services (DHCS) introduced a new presumptive eligibility aid code, V2. Aid code V2 is for California residents who are not otherwise eligible for Medi-Cal and who do not have health insurance or whose private health insurance does not cover services necessary to diagnose and/or treat COVID-19.

Aid code V2 is limited-scope with no share of cost (SOC). Aid code V2’s benefits are limited to covering diagnostic testing, testing-related services, treatment, and all medically necessary care (i.e., office, emergency, and inpatient services) pertaining to COVID-19. Aid code V2 covers service dates on or after March 18, 2020.

| Code | Benefits | SOC | Program/Description |
|------|----------|-----|--|
| V2 | Limited | No | <p>Presumptive Eligibility for Coronavirus (COVID-19) Diagnostic Testing, Testing-Related, and Treatment Services Only - Limited Scope. There are no age, income, or resources limits. Satisfactory immigration status is not required.</p> <p>Provides limited scope benefits to California residents seeking diagnostic testing, testing-related services and treatment related services. Including all medically necessary care such as associated office, clinic, or emergency room visit related to COVID-19.</p> |

While aid code V2 was added to the DHCS Aid Code Master Chart in August 2020, it has NOT been included in the Short-Doyle/Medi-Cal Aid Code Master Chart. This means specialty mental health services are not covered under aid code V2.

If the client *only* has Medi-Cal eligibility under aid code V2 and has *no other* Medi-Cal eligibility for the service date, then do not add Medi-Cal to the client’s financial profile in the Integrated Behavioral Health Information System (IBHIS). Specialty mental health services that are rendered for this client cannot be billed to the State for Medi-Cal reimbursement. Financial operations staff shall continue to follow the existing guidelines and financially screen the clients as indigent clients to determine their annual liability.