Provider Communication

WELL SENSE HEALTH PLAN

DATE: May 29, 2020

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: **COVID-19 Update and FAQs (Communication #4)**

Coronavirus (COVID-19) Update and FAQ's

We are closely monitoring the COVID-19 situation and wanted to share updates regarding COVID-19 testing and treatment that will help you better serve patients.

Please note that this FAQ replaces any previous guidance we have provided regarding flexibilities under the state of emergency time period. All new or updated information is highlighted for your convenience. We will reach out with additional information as it becomes available.

Since information on COVID-19 is rapidly evolving, we recommend visiting the Center for Disease Control (CDC) website for additional resources. Or call the NH DHHS COVID-19 hotline at 2-1-1 or DHHS website for the most up-to-date local information on COVID-19.

Provider FAQ's

Testing and Diagnosis Codes

What codes should I use for COVID-19 testing?

New 5/20/20

There are two new HCPCS codes that should be used for healthcare providers who need to test patients for coronavirus.

- Providers using the Centers for Disease Control and Prevention (CDC) 2019 novel coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001).

- A second new HCPCS code (U0002) can be used by laboratories and healthcare facilities. HCPCS code (U0002) generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).
- For clinical diagnostic laboratory tests making use of high-throughput technologies, two new HCPCS codes, U0003 and U0004, have been created for laboratories to bill for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19. HCPCS U0003 and U0004 are effective for dates of service on and after 4/14/2020 and will remain active until the end of the public health emergency. HCPCS code U0003 generally describes infectious agent detection by nucleic acid, amplified probe technique whereas HCPCS U0004 generally describes detection of the virus, non-CDC, using any technique, multiple types or subtypes (includes all targets).

My laboratory does not use the CDC test kit, what code should we use to bill?

If your laboratory uses the method specified by CPT 87635, the appropriate code to use would be CPT 87635. If your laboratory has a test that uses a method not described by CPT 87635, the appropriate code to use would be HCPCS Code U0002.

If your laboratory utilizes high-throughput technologies, the appropriate code to bill would be HCPCS U0004.

What codes should I use for COVID-19 antibody tests?

New 5/20/20

There are two new codes, effective 4/10/2020 for COVID-19 antibody tests. CPT 86328 generally describes a single step method immunoassay whereas CPT 86769 has been established for antibody tests using a multiple step method.

What codes should I use for COVID-19 diagnoses?

All providers must report diagnosis codes in accordance with CDC guidelines as follows. For visits unrelated to COVID-19, please report diagnosis codes according to ICD-10 guidelines.

Confirmed COVID-19 Cases	B97.29 – Other coronavirus as the cause of diseases classified elsewhere

	U07.1 – 2019-nCoV acute respiratory disease (effective 4/1/20)
Exposure to COVID-19	Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
Screening for asymptomatic individuals with no known exposure	Z11.59 – Encounter for screening for other viral diseases

Credentialing

Will you relax Credentialing requirements during the COVID-19 pandemic?

We have implemented a Provisional Credentialing process to expedite the onboarding of new practitioners into its provider networks. This process will go into effect immediately, and will discontinue on the date when the COVID-19 public health emergency is lifted.

Provisional credentialing will allow us to enroll new practitioners before their full credentialing process has been completed. In accordance with the National Committee for Quality Assurance (NCQA), practitioners may hold a provisional status for up to 180 calendar days. The Plan will complete the practitioner's full credentialing process before his/her provisional status has expired.

- The Provisional Credentialing process will be available for any new practitioner who requires full credentialing (under the Plan's credentialing policies), and is requesting to enroll under one of the following specialties:
  - Cardiovascular Disease
  - Critical Care Medicine
  - General Surgery
  - Infectious Disease
  - Internal Medicine
  - Nephrology
  - Neurology
  - Obstetrics and Gynecology
  - Otolaryngology
  - Pediatrics
  - Pulmonary Disease
- Expedited enrollment and onboarding is also available for the following practitioners: **Emergency Medicine, Anesthesiology, Hospitalists** or other individuals who practice exclusively within an inpatient setting, and who provide care to our members because the members are directed to the hospital or inpatient setting.

- **Providers submitting the above provider types for credentialing should submit with the Subject noted as "Critical" to ensure these requests are identified timely.**
- A group may also request provisional credentialing for any practitioner who does not practice one of the specialties listed above, if there is a critical need for the practitioner as a result of this public health emergency. **These requests should be submitted with the Subject noted as "Critical" to ensure the requests are identified timely.**
- To prevent unnecessary delays, practitioners should ensure that they have a current and complete CAQH application.

Telehealth

Are you covering telehealth visits?

In accordance with the State response to COVID-19 management, Well Sense Health Plan will cover telephonic visits in addition to telehealth visits for our members until further notice. Please see codes for each telehealth visit

Can I provide telehealth services to my patients?

The following provider types are eligible to provide telehealth services within their scope of practice, as applicable:

- Physicians, Physician Assistants, APRNs, Clinical Nurse Specialists, Nurse Midwives
- Certified Registered Nurse Anesthetists
- Clinical Psychologists, Clinical Social Workers, Master's Level Psychiatric Nurses
- School Psychologists licensed by the Board of Psychologists
- Pastoral Psychotherapists, Marriage and Family Therapists, Clinical Mental Health Counselors
- LADCs, MLADCs, and Certified Recovery Support Workers
- Applied Behavior Analyst
- Providers licensed by the Board of Mental Health Practice
- Community Mental Health Programs designated by the Department of Health and Human Services
- Dietitians or Nutritional Professionals credentialed and enrolled as network providers with the MCOs
- Federally Qualified Health Centers/Rural Health Centers
- Occupational Therapists
- Physical Therapists
- Speech and Language Pathologists
- Home Health Providers
- Hospice Providers

- Licensed Out-of-State Medical Providers in good standing per Emergency Order #15 pursuant to Executive Order 2020-04.

Additionally the providers listed below enrolled with NH Medicaid whose services may be delivered by non-medical, non-licensed personnel may provide services remotely during the state of emergency:

- Language Bank Interpreters
- Home Visiting Programs under contract with the Bureau of Maternal & Child Health and Economic & Housing Stability
- Early Supports and Services (FCESS) Providers
- CFI Waiver Providers

What codes should I bill for telehealth visits?

Billing for the telehealth service delivered should identify the CPT code(s) typically used for in-person visits with the addition of the GT modifier and place of service 02 (telehealth) to the claim form. The Plan will pay the same rate for the telehealth service that would have been provided face-to-face, absent of the public health emergency.

What codes should I bill for E-Visits?

In all types of locations, including the member's home, Medicaid members with an established relationship may have non-face-to-face patient- initiated communications with their doctors without going to the doctor's office.

Reimbursement will be made for the following procedure codes:

99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Clinicians who may not independently bill for evaluation and management (E & M procedure codes) visits will not be reimbursed for E-visits (procedure codes G2061-G2063). These are Medicaid non-covered services currently. Calls from members and/or a member's family for problem solving which would normally have generated a face-to-face encounter, should be billed as a therapy direct treatment service.

Services may not be set up to pay at the time of claim submission. However, the Plan will reprocess any impacted claims after implementation.

Treatment

What if my office can't provide COVID-19 testing or treatment?

We recommend that providers reach out to their local hospitals for specific COVID-19 testing availability and protocols.

If you are unable to provide COVID-19 testing or treatment and there are no viable in-network facilities to provide care for your patient, or if your patient has urgent testing or treatment needs, we will cover visits to out-of-network providers.

During the COVID-19 public health emergency can my hospital provide health care services at an alternative care site?

In accordance with Emergency Order #30 Pursuant to Executive Order 2020-04 as Extended by Executive Order 2020-05, Well Sense Health Plan will cover and reimburse services provided at alternative care sites (ACS). These services should be billed as if they were billed in the traditional setting. These claims will be reimbursed at the same rate as the traditional setting.

Is there additional guidance for FQHC/RHC Billing?

For any provider that is unable to configure their claims system to accept Place of Service '02' the Plan will allow those FQHC/RHCs to continue to code their claims with Place of Service '50', but will require providers to also append the 'GT' modifier to the claim for reporting purposes.

Prior Authorization

Will Prior Authorization be required for COVID-19 treatment?

In an effort to ensure that members get timely and medically necessary treatment, we are waiving

prior authorization requirements for testing and treatment of suspected COVID-19 cases. These requirements will be waived until further notice.

See additional prior authorization guidance from DHHS.

DME Guidance

How should DME orders be placed during the COVID-19 State of Emergency?

Updated 5/20/20

Well Sense Health Plan has been closely monitoring the developments of COVID-19 and working on directives to reduce provider workload and help members receive timely equipment and supplies. Below are instructions for obtaining DME for your patients:

- We are waiving prior authorization requirements for Oxygen and Respiratory related equipment, scales, blood pressure cuffs and glucose monitoring equipment.
- Prior authorizations will be required for Mobility devices (including but not limited to, manual wheelchairs, power wheelchairs and accessories), Chest Wall Oscillation/Vest and Alternative Augmentative Communication devices.
- **Prior authorizations are not required prior to dispensing all DME to patients but they are required after dispensing DME** and must be completed prior to claims submission**.**
- We will allow early supply refills within 30 days of the member's next DOS.
- Upon member request, we will allow 90-day supply orders rather than 30-day supply orders.
- We are waiving cost-share for members with a COVID-19 diagnosis.
- Electronic signatures are acceptable for all prescriptions and orders.
- Telemedicine or virtual appointments and evaluations are acceptable in place of in-person patient evaluations.
- Out of Network providers may place orders for DME equipment. Rendering providers will need to be licensed or temporarily licensed (per COVID-19 allowance) in the state where they are operating.
- For continuity of care, Northwood (following all NH Medicaid payers) is allowing 30-day extensions for medical DME/POS orders that expire during the State of Emergency period.

The above changes apply to Well Sense Health Plan members until further notice.

High-Tech Radiology Guidance

Will prior authorizations be needed for COVID-19 Chest CT Scans?

Well Sense Health Plan has lifted the requirement for prior authorization for any testing or services related to COVID-19, so an authorization for a Chest CT Scan will not be necessary. If a provider requests an authorization from eviCore, it will be approved for all COVID-19 related CT Scans and tests.

Will eviCore High Tech Radiology authorizations need to be requested again when the ban on non-essential and non-urgent services is lifted?

If a provider needs an authorization extended that was requested prior to the state of emergency, they will need to call eviCore to request the extension.

Transportation Guidance

What transportation changes are being put in place to keep patients safe?

Updated 5/29/20

One Call, our new transportation broker for members, in accordance with guidelines published by the Centers' for Disease Control (CDC) and regulatory directives, has established guidelines in order to protect members, members' attendants, drivers, and the community from exposure to COVID-19.

- Members are asked to check with their providers to confirm if their appointment will still be conducted in person or via telehealth before requesting transportation. Rides to appointment conducted in-person will continue to be scheduled by One Call.
- New ventilation protocols are in place when transporting members. Windows will be open when possible during the trip and all windows and doors will be opened between trips while disinfecting the vehicle.
- New cleaning and sanitation protocols are in place to disinfect inside and outside surfaces in between trips.
- Drivers are required to wear a face covering when possible.

- Drivers will no longer have physical contact with members, such as signing logs or assisting with seat belts or wheelchairs. Drivers will no longer be able to provide door-to-door assistance or enter facilities to look for patients during pick-up.
- Members who have suspected or confirmed COVID-19 symptoms will need to notify our transportation line when scheduling a ride and may need to have ambulance transportation arranged.
- Members will be able to use the *Family and Friends Reimbursement Program* without prior approval until the state of emergency has been lifted.
- Reimbursement for transportation will be allowed beyond the current 30 day deadline.

Patient Support

What are the Coverage and Payment Policies for Managed Care Plans?

Managed care plans must cover testing, treatment, and prevention of COVID-19 in at least the same amount, duration and scope as covered by DHHS through its fee-for-service program. Coverage must include:

- Diagnostic laboratory services performed by laboratories and health care facilities that have obtained appropriate approval to test individuals for COVID-19;
- Telehealth and certain telephonic services as means by which members may access all clinically appropriate, medically necessary covered services;
- Home visits;
- COVID-19 quarantine in a hospital as administrative or observation days; and
- Drugs, including 90-day supplies and early refills of covered drugs.

Will patients have to pay for testing and treatment of COVID-19?

No, members can receive COVID-19 testing and medically-necessary treatment at no cost. Members who typically have cost-sharing responsibility will have their copays waived for COVID-19 testing and copayments, deductibles, and co-insurance will be waived for COVID treatment. Please note: this applies to testing and treatment from in-network providers. If testing and treatment is not available at in-network providers, services from out-of-network providers will be covered at no cost to the member.

Can member prescriptions be filled early in the event of community quarantine?

Yes, Well Sense Health Plan members may request early refills of medication if there are refills remaining on the prescription should there be in a situation requiring quarantine. This would allow the request of up to a 30-day supply of a medication before the next scheduled refill due date if needed.

Can members get their prescriptions by mail?

Yes, certain medications may be delivered by mail so that members do not have to pick them up at a local pharmacy. This option is available for maintenance medications that are filled regularly and used to treat conditions such as diabetes, asthma, high cholesterol and high blood pressure. Members can receive a 90-day supply of medication delivered to their home. Our mail order pharmacy can assist with transferring prescriptions and will also work with our providers for a new prescription if necessary.

With the Mail Order Pharmacy program, Well Sense Health Plan members can get a 90-day supply of medications for the same cost as a 30-day supply.

Are there any additional resources for our members?

We have gathered a list of resources to help our members obtain food, household supplies, and other health resources to keep them safe and at home. See member resources here. .

More Information

Where can I get the most up-to-date information on the COVID-19 virus?

Since information on COVID-19 is rapidly evolving, we recommend visiting the CDC website for the most up-to-date information.

Where can I get information about the COVID-19 situation in New Hampshire?

The DHHS website contains critical information to help you serve your patient population, including:

- Current COVID-19 cases in the state
- How to test for COVID-19
- How to report cases
- How to protect yourself and your staff

The DHHS COVID-19 hotline is 2-1-1 and can be called for up to date and accurate information.

How can I contact Well Sense Health Plan if needed?

You can contact your Provider Relations Consultant if you have any further questions. Our staff is working remotely for the time being. Business and claims processing will continue as usual and our Provider Services line remains available during normal business hours. Our staff will not be making provider office visits at this time.