Provider Communication

WELL SENSE HEALTH PLAN

DATE: October 18, 2021

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: **COVID-19 Update and FAQs (Communication #14)**

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

Coronavirus (COVID-19) Update and FAQ's 1
Testing and Diagnosis Codes 2
COVID-19 Vaccine and Vaccine Administration 6
Credentialing 7
Telehealth 9
Treatment 10
Prior Authorization 14
DME Guidance 14
High-Tech Radiology Guidance 15
Transportation Guidance 15
Patient Support 16
More Information 17

Testing and Diagnosis Codes

What codes should I use for COVID-19 testing?

New 3/23/2021

There are multiple codes that can be used by healthcare providers when testing patients for COVID-19. Providers should choose one of the following codes based on the testing method performed.

COVID-19 Testing Codes	
Code	**Description**
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected *BioFire® Respiratory Panel 2.1 (RP2.1), BioFire® Diagnostics, BioFire® Diagnostics, LLC*
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected *QIAstat-Dx Respiratory SARS CoV-2 Panel, QIAGEN Sciences, QIAGEN GmbH*
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected ePlex® Respiratory Pathogen Panel 2, GenMark Dx, GenMark Diagnostics, Inc
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum Tru-ImmuneTM, Ethos Laboratories, GenScript® USA Inc
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected

Provider Communication

WELL SENSE HEALTH PLAN

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

New 10/07/20

There are multiple codes that can be used by healthcare providers when testing patients for COVID-19 antibodies. Providers should choose one of the following codes based on the antibody testing method performed.

COVID-19 Antibody Testing Codes	
Code	**Description**
86328	Immunoassay for infectious agent antibody(ies), qualitative or semi quantitative, single step method (eg, reagent strip); Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen; titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed *COVID-19 Antibody Test, Mt Sinai, Mount Sinai Laboratory*

What code should I use to report COVID-19 specimen collection?

New 9/30/20

There are two codes for specimen collection that can be used by healthcare providers when testing patients for COVID-19. Providers should choose one of the following codes based on the type of specimen collection performed.

COVID-19 Specimen Collection Codes	
Code	**Description**
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

Provider Communication

WELL SENSE HEALTH PLAN

What code should I use to report additional supplies, materials, and clinical staff time during the public health emergency (PHE)?

New 12/08/2020

Providers should bill the following code:

Code	Description
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease.

In accordance with CPT guidelines, this code should be reported only during a PHE to report the additional items and clinical staff time required to support a safe in-person evaluation, treatment, or procedural service(s). This code can only be reported when the service is provided in a non-facility place of service (POS) setting and in an area where it is required to mitigate transmission of the respiratory disease for which the PHE was declared. For further guidance providers should reference the American Medical Association's publication of the *CPT Assistant Special Edition: September Update* which can be accessed at https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance. 99072 is not separately reimbursed.

What codes should I use for COVID-19 diagnoses?

New 3/23/2021

All providers must report diagnosis codes in accordance with ICD-10-CM Official Guidelines for Coding and Reporting. For complete guidance on COVID-19 diagnosis coding and sequencing providers should reference the ICD-10-CM Official Guidelines for Coding and Reporting.

Confirmed COVID-19 Cases	For dates of service prior to 4/1/20: B97.29 – Other coronavirus as the cause of diseases classified elsewhere For dates of service on or after 4/1/20: U07.1 – 2019-nCoV acute respiratory disease (effective 4/1/20)
Exposure to COVID-19	For dates of service prior to 1/1/21: 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

	For dates of service on or after 1/1/21: Z20.822 - Contact with and (suspected) exposure to COVID-19
Screening for COVID-19	For dates of service prior to 1/1/2021: Z11.59 – Encounter for screening for other viral diseases For dates of service on or after 1/1/21: Per ICD-10 official guidelines: During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign Z11.52, encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19.
Personal History of COVID-19	For dates of service on or after 1/1/21: Z86.16 - Personal history of COVID-19
Monoclonal Antibody/Vaccine Administration	Z23

COVID-19 Vaccine and Vaccine Administration

What codes should I use for the COVID-19 vaccine and vaccine administration?

New 10/18/2021

Code	Description
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine,

	mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, single dose
M0201	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home

Providers must report the codes for both the administration and the vaccine itself even if the vaccine is federally supplied. The Plan will not reimburse for the vaccine product if it is federally supplied.

Credentialing

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

Provider Communication

WELL SENSE HEALTH PLAN

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.

Provider Communication

WELL SENSE HEALTH PLAN

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.

Provider Communication

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.

What codes should I report for administering monoclonal antibody therapy to treat COVID-19?

New 10/18/2021

Code	Description	Instructions
Q0239	Injection, bamlanivimab-xxxx, 700 mg	Q0239 and M0239 are only reportable for dates of service 11/10/20 - 4/16/21.
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	
Q0240	Injection, casirivimab and imdevimab, 600 mg	Effective for dates of service on or after 7/30/2021.
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	

M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	
Q0243	Injection, casirivimab and imdevimab, 2400 mg	
Q0244	Injection, casirivimab and imdevimab, 1200 mg	Effective for dates of service on or after 6/3/2021.
M0243	Intravenous infusion or subcutaneous injection,, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	
M0244	Intravenous infusion or subcutaneous injection,, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	Effective for dates of service on or after 5/6/2021.
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	Effective for dates of service on or after 5/6/2021.
Q0247	Injection, sotrovimab, 500 mg	Effective for dates of service on or after 5/26/2021.
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Effective for dates of service on or after 5/26/2021.

M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Effective for dates of service on or after 5/26/2021.
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Effective for dates of service on or after 6/24/2021. Per FDA guidelines this drug can only be administered in an inpatient setting. This code is not separately reimbursed from the IP payment rate.
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Effective for dates of service on or after 6/24/2021. Per FDA guidelines this drug can only be administered in an inpatient setting. This code is not separately reimbursed from the IP payment rate.
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Effective for dates of service on or after 6/24/2021. Per FDA guidelines this drug can only be administered in an inpatient setting. This code is not separately reimbursed from the IP payment rate.

Providers should report the code for the monoclonal antibody even if it is federally supplied. The Plan will not reimburse for the monoclonal antibody product if it is federally supplied.

Does Well Sense Health Plan accept the Medicare coding related to COVID-19 monoclonal antibody administration and vaccine administration?

New 3/23/2021

Yes, Well Sense Health Plan accepts claims submitted with Medicare required revenue codes and condition codes.

Provider Communication

WELL SENSE HEALTH PLAN

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.

Provider Communication

WELL SENSE HEALTH PLAN

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.