Community Health Plan of Washington Information on COVID-19

Provider Bulletin: March 18, 2020

Dear Provider:

We wanted to provide a brief consolidated reference for you regarding your work with CHPW. Please share this information with your clinical and administrative staff, as needed.

We’ll continue to update you as this response evolves. As information is changing rapidly, please defer to the most recent communication.

For previous Bulletins and a complete list of FAQs, click here.

We stand ready to partner with you in any ways we can be of assistance. Please reach out to us if you think of anything.

For additional questions, email CHPW Provider Relations at provider.relations@chpw.org.

UPDATED INFORMATION (as of 3/18/2020. Information is subject to change)

The information in this section reflects new or revised information since the last dated bulletin.

PROVIDER RESOURCES

- HCA Medicaid Clinical Policies and Billing for COVID
- CMS Telehealth Guidance
- WA DOH COVID Provider Resources and Recommendations
- HCA Information about COVID-19 – COVID updates and information
  - HCA submitted a 1135 emergency waiver to CMS on March 15, 2020 to remove additional barriers to care
- HHS Notice of HIPAA Enforcement Discretion (March 17, 2020)
- CMS COVID-19 Emergency Declaration Fact Sheet for Providers

Medicaid Billing

Are there any changes to billing in response to COVID?
Review the [HCA’s frequently asked questions about COVID-19](#) clinical policy and billing. CHPW has modified our systems to accommodate these new billing codes and requirements.

Please note, when billing the telephone and online digital evaluation and management codes, you will need to include modifier CR.

**Is G2012 (Virtual Visit) available for Medicaid?**

Yes. The referenced HCA guideline clarifies that this is now allowable for Medicaid as well as Medicare Advantage.

**Will there be any delays in processing claims?**

CHPW has strong work-from-home capabilities, and is not currently experiencing, nor expecting any delays in claims processing. We work to strengthen these capabilities daily to ensure we can handle the increase in claim volume.

**Telemedicine**

**Will telemedicine services be reimbursed during the COVID response?**

CHPW will allow telephone and telehealth for any covered service by any qualified provider operating within the scope of their license.

**Do I need to use a HIPAA-compliant platform?**

No. The HHS Office for Civil Rights (OCR) [announced on March 17, 2020](#), that it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. There is not yet clarity related to services covered by 42 CFR Part 2. We’ll update you when there is additional information is available.

**Provider Credentialing**

**Is CHPW able to accommodate rapid credentialing of temporary providers?**

Yes. CHPW has an expedited process in place for credentialing temporary providers. In addition to the agreement with CHPW, providers need a Core Provider Agreement (CPA) with the HCA. When completing application for a CPA, providers will need to ask for a retro-effective date for the date that the provider started treating Medicaid members to accommodate HCA timelines for processing applications. Contact [provider.credentialing@chpw.org](mailto:provider.credentialing@chpw.org) for additional questions and include “Rapid Credentialing Temporary Provider” in the subject line.

**Utilization Management**

**Will CHPW allow a telemedicine visit to meet the requirement for a face-to-face visit for billing of Durable Medical Equipment?**
Yes. CHPW will accept telemedicine or telephone visits by the provider as a replacement for the face-to-face requirement for a renewal of an already approved DME, such as CPAP. Reference the CMS Guidelines for additional information.

**Will Prior Authorization (PA) be extended for longer approval dates?**

Yes. All pre-service authorization or inpatient elective procedures that are approved in 2020, will have the date range of the authorization officially extended until at least 12/31/2020. There is no need to get updated authorization letters or request an extension.

Effective 3/17/2020 we will start authorizing these services with the extended approval date ranges. However, the member can have the service until the end of the year for any existing authorization in place for any date in 2020.

Below are some important additional notes on this change:

1) For any service that has a date range of 12 months (some injectable medications, DME, etc.), those services will continue to be authorized for 12 months.

2) For Behavioral Health and Medical inpatient acute admissions, there is no change to how those are entered or how the extensions are processed. The date ranges for these services remain the same. In addition, Behavioral Health Partial Hospital Program authorizations will not change.

3) All other requests (pre-service outpatient authorizations and elective Inpatient procedures), are typically authorized for anywhere from 3-6 months depending on the service. All of these authorizations that originated in 2020 are now approved until 12/31/2020 regardless of the date on the authorization in Jiva.

4) The unit limits on the authorization still apply. Example: A PT authorization approved for 12 units from 2/1/2020 until 5/1/2020 is now approved for 12 units from 2/1/2020 to 12/31/2020. If the member has been able to receive their 12 units and continue their care, then any additional services would require a new authorization.

**Do I need to get a second authorization for in home ABA treatment for a patient currently in Day Treatment to prevent the transmission of COVID?**

If you have an authorization for Day Treatment (H2020), you can bill for ABA services (97151-97157) during the time period of the Day Treatment authorization. A second authorization is not required.