Provider Bulletin: March 12, 2020

Dear Provider:

We know there is a lot of information on COVID-19 from many sources and that you are working with your contacts at CHPW, as needed. 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.

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.

CHPW is reviewing additional guidance related to tribal organizations to supplement this information.

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

Frequently Asked Questions (as of 3/12/2020. Information is subject to change)

Will CHPW pay for COVID – 19 testing?
Yes, new codes have been developed and CHPW is working to set up our systems to pay for these new codes.

Healthcare providers who need to test patients meeting CDC criteria for testing for Coronavirus using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for the cost of the test using HCPCS code U0001. CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2. The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

Effective April 1, these codes can be billed for dates of service February 1, 2020 forward. We are currently in the process of revising our billing system to reflect these changes.
Is CHPW staffed to respond to provider and member questions?
Yes, we are fully staffed and are not experiencing any delays in responding to provider or member questions or requests. All our regular operations, including claims processing, credentialing and care management services, are continuing uninterrupted.

Are CHPWs partners (like the Nurse Advice Line and Pharmacy Benefits Managers) prepared to support members and providers?
Yes, CHPW has identified key business partners and are in regular communication to ensure consistent service availability.

The member Nurse Advice Line for free medical advice is available 24 hours a day, seven days a week: 1-866-418-2920 (TTY: Dial 711).

What is CHPW doing to facilitate care for our members?
We immediately lifted “refill too soon” edits on prescriptions as soon as the Governor declared a State of Emergency. Our teams are also acting quickly to resolve any situations that providers identify as problematic. Please let us know right away of any issues and we’ll work to resolve them immediately.

We emailed our members for whom we have email addresses to provide information from public health on prevention, care, and our Nurse Advice Line.

How is CHPW prepared to support providers and members?
CHPW is actively monitoring the current situation, working with the state Health Care Authority, to continue to be prepared. We are working with our staff to ensure they are taking proactive steps to stay healthy and to be able to support our members and providers.

We are supporting and reimbursing telehealth visits to the extent allowable by law/contract, and looking for ways to enhance this offering. Meanwhile, we are partnering with associations and others to lobby both the state and federal government to allow visits to occur virtually and appropriately reimburse for them.

We are partnering with the state and other MCOs to expedite placement for all patients ready for hospital discharge to free up needed capacity.

Telemedicine and COVID-19

CDC has recommended that healthcare providers and health systems leverage existing telehealth tools to direct people to the right level of healthcare for their medical needs.
Below is some information to support organizations in billing for and leveraging telemedicine approaches. It is important to note that there are different rules for telemedicine services under Medicaid and Medicare and in Fee for Service than managed care, so we’ve included information specific to each program through CHPW. Other Medicare Advantage organizations may have different benefits.

Additionally, Providers delivering telemedicine services are still responsible for compliance with applicable Privacy and Security Rules (i.e., HIPAA).

**Medicaid Services and Billing**

**Will telemedicine services for Medicaid be reimbursed?**

Yes, telemedicine services delivered with audio/video technology or store and forward (sharing electronic records) are billable for approved Medicaid services. The current version of the HCA Physician Billing Guide indicates the rules for telehealth/telemedicine billing, starting on page 85. This includes definitions, allowable locations for clients and required code modifiers. Approved sites include:

- Clinics
- Community mental health/chemical dependency settings
- Dental offices
- Federally qualified health center (FQHC)
- Home or any location determined appropriate by the individual receiving service
- Hospitals (inpatient and outpatient)
- Neurodevelopmental centers
- Physician or other health professional’s office
- Rural health clinics (RHC)
- Schools
- Skilled nursing facilities

An example of a covered telemedicine service includes: *A client/patient calls a provider’s office to request an appointment due to respiratory symptoms and a fever. Instead of making an initial in-person appointment, the provider’s office could set up an appointment with the provider via telemedicine with the client at home. This is an eligible service and the provider could bill for reimbursement of the services.*

**How does my organization submit a claim for Medicaid for telemedicine?**

The organization will submit codes for the distant site (provider location) and originating site (patient location) with telemedicine modifiers. If the patient is located at “Home or
any location determined appropriate by the individual receiving service” a claim would be submitted for the distant site only.

- Distant Site: Use place of service (POS) 02 to indicate that a billed service was furnished as a telemedicine service from a distant site.

- Originating Site: Add modifier 95 (via interactive audio and video telecommunications system) if the distant site is designated as a nonfacility.

**What about E&M services delivered via telephone (voice only)?**

CPT 99441-99443 are available for telephone visits. Note that these cannot be billed if the patient is seen within 24 hours or next available urgent visit appointment of the phone call. Reference page 47 of the HCA Physician-Services Billing Guide for additional information.

**Are there CMS resources for questions about Medicaid?**

The Centers for Medicare & Medicaid Services (CMS) is posting Frequently Asked Questions (FAQs) to the Medicaid.gov website to aid state Medicaid and Children’s Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak.


The COVID-19 FAQs for State Medicaid and CHIP agencies can be found here: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html

To keep up with the important work CMS is doing in response to COVID-19, please visit the Current Emergencies Website.

**MEDICARE SERVICES & BILLING**

**Are telemedicine services for CHPW Medicare members reimbursed?**

CHPW MA plans cover telehealth visits consistent with applicable CMS guidelines. For Medicare telehealth, the provider must be operating within the scope of their license, at an approved distant site, and using an interactive, real-time multimedia
telecommunications (including web-based applications) system. Additionally, the patient must have received services from the provider within the last 3 years.

CHPW Medicare Advantage also covers virtual check-in services furnished through several communication technology modalities, including telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). Patients must provide verbal consent for the virtual check-in prior to using the service and a virtual check-in may not be related to a medical visit within the previous 7 days or result in a medical visit within 24 hours.

CHPW Medicare Advantage also covers certain doctor-patient communication via online patient portals. The individual communications must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period.

These services may be billed using CPT codes 99421-99423 (patient-initiated digital communication) and HCPCS codes G2061-G2063 (online assessment), as applicable.

**Will CHPW cover any other types of virtual/remote patient interactions?**

Yes. During the COVID 19 emergency period, CHPW will cover E/M services provided via telephone (CPT 99441 – 99443). Providers billing for these services for CHPW Medicare Advantage members should follow the same rules and process that applies for CHPW Apple Health members. Please note that CHPW is only able to cover these services during the COVID 19 emergency period, based on guidance from CMS. CHPW will notify providers of any changes.