Community Health Plan of Washington Information on COVID-19

Provider Bulletin: May 7, 2020

Dear Provider:

We are providing the latest information for you regarding your work with CHPW around COVID-19. 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.

CHPW is ready to partner with you in any ways we can be of assistance. You are not alone... Please reach out to us if you think of anything.

UPDATED INFORMATION (as of 5/7/2020. Information is subject to change)

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

Medicaid Billing

How do I bill CHPW for services I perform for members who are not in the office, during COVID-19?

There are actually three ways you can bill:

- Traditional Telehealth Services: Use in-office service codes with modifier 95 or GT, and POS 02 or 12, even though you might not actually qualify for the requirements. In this case you get paid at the CPT code level (or capitated depending on your CHPW contract) as you would if the member were in the office. This counts in your encounter data too.
- Phone Calls, regardless of who initiates: Use CPT codes 98966-98968, 99421-99423, 99441-99443, 99446, 99451, and HCPCs code G2012, with the CR modifier for Medicaid and CS for Medicare. CHPW increased the rates to be equal to the evaluation and management correlated code.
- Bill as you would if the member were in the office. No change in billing and the same for reimbursement, but note in the charts where the service was actually performed.

These are for the duration of the COVID-19 crisis. CHPW is following billing guidelines for COVID-19 that are consistent with the HCA and CMS guidelines for Medicaid and Medicare. These guidelines may change or expand, so please refer to these authorities for the most current information.
**Medicare Billing**

On April 30, CMS made additional changes to its telehealth rules. Below are a few highlights, but please refer to the press release for additional information and changes. FQHCs, please refer to this MLN Matters bulletin for the latest changes for FQHCs.

- **Audio-Only**: CMS is broadening the list of services that can be conducted by audio-only telephone to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. The payments are retroactive to March 1, 2020. You can see a full list of Telehealth services and which ones can be provided via audio-only technology [here](#).

- **Telephone E/M**: CMS is adding telephone evaluation and management services to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services. FQHCs can also bill for telephone E/M services (99441-99443), although the MLN bulletin directs that when furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, and then bill them with HCPCS code G2025.

- **Additional Telehealth Providers**: CMS is expanding the types of clinical practitioners that can furnish Medicare telehealth services, including physical therapists, occupational therapists, and speech language pathologists.

- **CMS Process for Rules**: CMS is changing its process during the emergency to add new telehealth services on a sub-regulatory basis, considering requests by practitioners now learning to use telehealth as broadly as possible. This will speed up the process of adding services. This means that CMS doesn’t have to go through a formal rulemaking process to expand the list of telehealth services.

The Center for Connected Health Policy tracks and summarizes policy changes related to telehealth and COVID-19 that can be referenced as well. They have created fact sheets to easily review these changes on their website.

**Behavioral Health**

**Is the state collecting information about behavioral health provider needs regarding telehealth?**

Yes. The Behavioral Health Institute, has developed a [survey for behavioral health providers](#) to determine telehealth support and training needs. The survey is intended for mental health, substance use and recovery providers across a variety of organizations and disciplines. The survey closes on May 22, 2020. CHPW encourages providers to fill out this survey.

**Are there resources available to support SUD and Recovery Support Providers with telemedicine?**
Yes. A compilation of resources from SAMHSA, Addiction Technology Transfer Center, Telehealth Resource Centers and other organizations, “Telehealth Learning Series for SUD Tx and Recovery Support Providers” is one resource that may be helpful for providers.

**Funding Support**

Is there any federal funding being provided to our state?

Yes, the Federal Emergency Management Agency (FEMA) has $720,000 for the State of Washington for qualifying services including non-congregate sheltering, emergency protective measures, and emergency medical care. To find out more information and register for the FEMA funding, visit Washington Emergency Management Division (EMD).

**Telemedicine**

Are there recommended resources around behavioral health and telehealth?

The Behavioral Health Institute has launched a website to coordinate resources across the state for the delivery of behavioral health services via telehealth technology. Resources include regular trainings as well as resources related to technology, clinical care, billing and legal topics.

Is there guidance available related to Best Practices and resources for Medicaid Telehealth?

Yes. HCA has revised their Apple Health (Medicaid) telemedicine and telehealth brief to include an overview of policy, guidance, resources and best practices for conducting telehealth services.

**Pharmacy**

Does CHPW cover continuous glucose monitoring devices for Medicaid members?

Yes. Continuous glucose monitoring devices have traditionally been covered under our medical benefit and under our RX benefit for Medicare. Recently we decided to add continuous glucose monitoring to our pharmacy benefit for Medicaid. The criteria for approval match our medical criteria and is in alignment with the Medicaid Health Technology Assessment guidance. Such devices include Dexcom and FreeStyle Libre.

**PROVIDER RESOURCES**

HCA

- [HCA Information about COVID-19](#) – Content is updated on this site frequently
- [HCA Medicaid Clinical Policies and Billing for COVID](#) revised April 24, 2020
- [HCA Behavioral Health Policy & Billing During COVID](#) revised April 8, 2020
- [HCA Guidance for Office Based Opioid Treatment (OBOT) DATA 2000 waiver prescribers](#)
HCA Guidance for Opioid Treatment Programs (OTP)

WASHINGTON DEPT. OF HEALTH

WA DOH COVID Provider Resources and Recommendations

CMS

CMS Sweeping Changes released April 30, 2020
CMS Letter to Clinicians
CMS COVID Partner Toolkit released March 19, 2020
CMS COVID-19 Emergency Declaration Fact Sheet for Providers
CMS Waivers & Flexibility for Health Care Providers
CMS Provider Telemedicine Toolkit (General) released March 20, 2020
CMS Provider Telemedicine Toolkit (ESRD) released March 20, 2020

MISCELLANEOUS

Behavioral Health Institute
Center for Connected Health Policy (The National Telehealth Policy Resource Center)
Northwest Regional Telehealth Resource Center
Relias COVID-19 Online Training and Resources (Free)
SAMHSA COVID Guidance
SAMHSA Training Resources
Washington Chapter American Academy of Pediatrics (WCAAP) COVID-19 Resources