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## Coronavirus Disease 2019 (COVID-19) Medicare Healthcare Provider Update – Version 1

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### STATEMENT:

WellCare of Kentucky would like to thank all of you who are working on the front lines during these unprecedented times.

We are working hard to support you by providing up-to-date information, resources and guidance. This document covers some of the most important changes to benefits and processes related to the pandemic. It also includes information about new and ongoing provider resources that WellCare offers.

Please be advised this guidance is in response to the current COVID-19 pandemic and may be retired at a future date.

## POLICY CHANGES

### Prior Authorizations

Medicare prior authorization requirements for tests and services related to COVID-19 are waived during the Public Health Emergency (PHE).

While Medicaid prior authorizations are waived for all services during the PHE, please carefully note that CMS has confined the Medicare prior authorization requirement waiver to only COVID-19 related services.

Source: [https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf?fbclid=IwAR3NifSYLLtev-KfIpFvnEy0BZhjKevJ-HOTU6eQApbMd\\_mNSAZ76YCLozE](https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf?fbclid=IwAR3NifSYLLtev-KfIpFvnEy0BZhjKevJ-HOTU6eQApbMd_mNSAZ76YCLozE)

### Payment Adjustments per CARES ACT

Per the CARES Act WellCare will suspend Sequestration from May 1, 2020 – December 31, 2020.

We are awaiting guidance on 20% adjustment to weights for those DRGs to which COVID-19 patients are assigned. We will keep you updated on these issues in future communications.

*Please refer to the Centers for Disease Control and Prevention (CDC)'s website for most current guidance*

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## EXPANDED TELEHEALTH OPTIONS FOR MEDICARE

Under the recently approved 1135 waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver, Medicare could only pay for telehealth on a limited basis; when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare began making payment for brief communications or Virtual Check-Ins, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for E-visits, which are non-face-to-face patient-initiated communications through an online patient portal.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their provider from their home, without having to go to a provider's office or hospital which puts themselves and others at risk. Telehealth expansion will help reduce the spread of COVID-19.

Source: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

### Medicare Telehealth Billing

WellCare of Kentucky understands that technology can help people receive routine care or be evaluated with mild symptoms while remaining "Healthy at Home" – limiting exposure with other patients, staff and the community.

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person.

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- Modifier 95, indicating that the service rendered was actually performed via telehealth.
- No longer separation of traditional vs non-traditional telehealth services' distinction.

In regards to modifiers, based on the updated information from CMS, the following scenarios are applicable:

- GQ: Alaska and Hawaii demonstration project
- G0: Acute stroke (further treatment)
- GT: Critical Access Hospitals method II claims
- Otherwise, GT modifier is not to be used

Source: [https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se#\\_Toc36815181](https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se#_Toc36815181)

### **Medicare Telehealth CPT/HCPCS Codes List**

CMS has published a downloadable list of Medicare telehealth codes at the following source link: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

CMS has also added to the Medicare fee schedule the following codes for telephone based evaluation and management services for existing patients when appropriate:

- 99441 – Telephone evaluation and management service; 5 to 10 minutes
- 99442 – Telephone evaluation and management service; 11 to 20 minutes
- 99443 – Telephone evaluation and management service; 21 to 30 minutes

These codes are limited to MDs, APRNs, PAs and DOs. Reimbursement for these codes is based on individual provider agreements with WellCare.

An updated list of Medicare codes by RVU can be found at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

### **New Specimen Collection Codes for Laboratories Billing for COVID-19 Testing**

To identify and reimburse specimen collection for COVID-19 testing, CMS established two Level II HCPCS codes, effective with line item date of service on or after March 1, 2020:

- 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 skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source

These codes are billable by clinical diagnostic laboratories.

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Source: <https://www.cms.gov/files/document/se20011.pdf>

## FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH

During this Public Health Emergency, FQHCs and RHCs can now be the distant site for telehealth services.

Sources: <https://www.cms.gov/files/document/covid-final-ifc.pdf>  
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

## HEALTHCARE FACILITIES AND MEDICARE TELEHEALTH

Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services are reimbursable.

Source: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

## MEDICARE TELEHEALTH DIAGNOSES FOR RISK ADJUSTMENT

The most recent information we have received from CMS this week states that “Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter. This use of diagnoses from telehealth services applies both to submissions to the Risk Adjustment Processing System (RAPS), and those submitted to the Encounter Data System (EDS). Diagnoses resulting from telehealth services can meet the risk adjustment face-to-face requirement when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication.”

In keeping with CMS guidance during this PHE, WellCare will accept chronic diagnoses submitted through a telehealth visit to complete appointment agenda closure.

Source: <https://www.cms.gov/newsroom/press-releases/cms-news-alert-april-13-2020>

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## PHARMACY PROGRAM UPDATE

### Key changes have been made in pharmacy benefits

WellCare of Kentucky has implemented the following changes to the Medicare outpatient pharmacy program. These changes are in line with guidance from CMS and outlined below:

- Refill too soon rejections will no longer apply for all medications. Pharmacies will need to enter the code SCC 13 to override the refill too soon edit at the point of sale.
- As a reminder, prescriptions can be written for up to a 90 day supply of all medications except opioids.
- The copay for the following drugs has been waived. Pharmacies will need to enter the ICD10 code U07.1 at the point of sale.
  - COVID-19 related treatment: Azithromycin, Chloroquine, Hydroxychloroquine; and
  - Metered Inhalers: Albuterol, Proair, Ventolin, Xopenex
- Please encourage the member to check to see if their pharmacy offers home delivery and consider its use to avoid exposure outside of their home.
- If member's local pharmacy does not offer home delivery, mail order is an option. Prescriber Order form can be found at: [https://www.caremark.com/portal/asset/NewRX\\_Fax\\_Form\\_v91.pdf](https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf)

Per the Kentucky Board of Pharmacy, prescriptions for chloroquine, hydroxychloroquine, mefloquine, and azithromycin may only be dispensed if:

1. The prescription or medication order bears a **written diagnosis from the prescriber** consistent with its use.
2. The prescription or medication order is limited to **no more than a ten (10) day supply**, unless the patient was previously established on this medication prior to March 25, 2020.
3. **No refills may be permitted** unless a new prescription or medication order is furnished with established written diagnosis and indication for continuation of therapy.

## MEDICARE COST SHARING

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and

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suppliers bill Medicare for Part B services, orders or administers COVID-19 lab test U0001, U0002, or 87635.

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the PHE; that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS evaluation and management codes as outlined below:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

Cost-sharing does not apply to the above medical visit services for which payment is made to:

- Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
- Physicians and other professionals under the Physician Fee Schedule
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

Source: <https://www.cms.gov/files/document/se20011.pdf>

## PROVIDER SERVICES

### **Claims Processing and Calls to Provider Claims Support**

WellCare anticipates little to no impact on claims payment activities. Many of our claims processing staff work remotely and others have been recently deployed to also work remotely in response to COVID-19 social distancing requirements.

WellCare has placed a temporary hold on offering real time review of claims and live adjustments through Provider Claims Support. This is only applicable when a provider calls requesting information on the status of a claims and then has another issue. We will continue supporting all claims status calls. If a provider escalates an issue, the Provider Claims Support will pend the issue for review at a later date and will set timeframe expectations for when our provider can expect to receive a response.

As always, we encourage our providers to contact their assigned Provider Relations Representative or Hospital Services Specialist if you have a claims issue that cannot be

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resolved through Provider Claims Support. Also, please be advised the WellCare Provider Relations staff members work remotely and while they have suspended most in-person visits in response to COVID-19 Social Distancing requirements, they remain readily available to assist with issue resolution.

## Provider Relations Representatives

If for any reason a provider is unfamiliar with their assigned Provider Relations Representative, please visit our WellCare of Kentucky Website (<https://www.wellcare.com/Kentucky/>). Follow the defined steps to locate and contact your individual Provider Relations Representative:

- Click on **Providers**;
- Click on **Overview** for either Medicaid or Medicare; and
- Search for the document under **Resources** entitled “**Who is My Provider Relations Representative?**”

## Weekly Webinars

WellCare continues to conduct our provider educational webinars. They will be held every Friday from 1:00-2:00 EST. Our focus will be on updating our providers with new information and answering your questions. Please contact your Provider Relations Representative or see our WellCare of Kentucky website to participate.

## COVID-19 Email Mailbox

WellCare of Kentucky has established an email mailbox for providers' questions about COVID-19. As always, we would encourage you to first contact your Provider Relations Representative, Hospital Services Specialist or Quality Practice Advisor. The mailbox is simply another resource we are making available during these challenging times.

[COVID19KY@WELLCARE.com](mailto:COVID19KY@WELLCARE.com)

## Provider Financial Support & Resource

The COVID-19 Provider Support and Resource page is now available on the Centene website via the COVID-19 Resource page. This web

<https://www.centene.com/covid-19-resource-center/provider-assistance.html>

## Overpayment Recovery

WellCare is committed to business continuity and ensuring that you have the resources to serve our members. As such, WellCare is suspending any future overpayment recovery requests and extending the appeal deadline on existing overpayment recovery requests, for sixty (60) days. We will reevaluate the situation at that time and apply further extensions as warranted. Please note that any recovery initiatives related to fraud, waste and abuse or subrogation are excluded from the suspension.

## Care Management

WellCare's Care Management team will also serve in a supportive capacity to PCPs and behavioral health providers for members needing additional assistance. Care management services required during the PHE could include additional education, medical and/or behavioral services due to the virus, or the associated isolation and depression. We are also able to provide support to our members when additional residential, social and other support services are needed. A provider may request Care Management services by contacting care management at 1-866-635-7045.

## COMMUNITY CONNECTIONS HELP LINE

WellCare's help line available for members, non-members and caregivers

Many families are facing new and unexpected financial or social hardships during this time of social distancing. Our Community Connections Help Line can assist in connecting people to a comprehensive and constantly updated database of community social supports, including:

- Housing
- Healthy food
- Utility assistance
- Employment and training
- Legal help
- Peer support services
- Non-benefitted transportation options

This help line is part of our Community Connections model. Calls are answered by empathetic Peer Coaches who have first-hand experience in navigating social services. They assess the needs of an individual, collect information to better understand their situation and eligibility, and connect them to local resources. Follow-up calls are completed to ensure needs are met.

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*How to Access the CCHL*

**Phone Number:** 866-775-2192

**Hours of Operation:** Monday – Friday between 9:00am and 9:00pm EST.

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