



COVID-19 Frequently Asked Questions for Providers

Updated: Jan. 5, 2022

With the changes that have taken place for health insurance providers in response to the COVID-19 crisis, Medical Mutual has received many questions from providers regarding our policies and coverage. To assist you, we have prepared the following FAQ. These responses apply to all lines of business.

Updates to this FAQ will be made as more guidance from local and federal governments and other agencies is made available. **New information is highlighted in yellow.**

UTILIZATION MANAGEMENT PROCESSES

Medical Mutual's utilization management processes are evolving with state and federal regulatory guidance issued in response to the COVID-19 spread throughout Ohio and the nation. The answers to the questions below are accurate as of the date of this document and our current understanding of hospital bed capacity constraints. We are reaching out to our hospital partners requesting up-to-date information on bed capacity in their regions, so that our policies and processes can yield in parallel with surges in hospitalizations and any related capacity concerns. Information on capacity at your facilities can be sent via email to hospitalcapacity@medmutual.com. Please note the contact list included in this FAQ should a patient situation arise that requires immediate attention.

CASE MANAGEMENT REFERRALS

Medical Mutual's Case Management team is here to assist our members that may be struggling with isolation and the inability to meet basic needs. We encourage you to use the email addresses below to refer such members to our Case Management team.

Medicare Advantage Members: CaseMgmt-MedAdv@medmutual.com

Commercial Members: CaseMgmt-Triage@medmutual.com

Inpatient Hospital Stays

- Q1. Is prior authorization required for acute-care hospital admissions through the emergency room?**
- A. No. Prior authorization is not required for patients admitted through the emergency room.
- Q2. Is Medical Mutual suspending admission and concurrent medical necessity review for acute inpatient stays?**
- A. No. However, utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.
- Q3. Will Medical Mutual agree to pay for inpatient admissions if the admission notification is delayed or not performed?**
- A. While Medical Mutual does not require prior authorization for emergency inpatient admissions, our policy does require notification of hospital admission within 24 hours. However, we are modifying our policy during the current state of emergency in Ohio to allow notification at any time while the patient is hospitalized. Admission and discharge date notification is critical to ensuring accurate and prompt payment for the inpatient stay.

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In addition, it is critical Medical Mutual receives notification as early as possible so we can support transitions to alternate care levels, including assisting hospitals in finding beds and/or arranging other post-discharge needs as benefits and coverage vary from health plan to health plan. This effort will help prevent patients from experiencing avoidable out-of-pocket expenses for non-covered benefits unrelated to COVID-19 coverage.

- Q4. Will Medical Mutual approve and reimburse a sub-acute/SNF-level of care provided in a hospital acute care setting if there is no sub-acute/SNF capacity and the patient is unable to be discharged from the hospital inpatient setting? An example of this is if a patient requires ventilator care and a ventilator or ventilator care is not available in a sub-acute setting.**
- A. Yes, when there is a documented need. Please note that Medical Mutual's staff is available to assist in locating beds, so your valuable resources can be utilized to provide patient care.
- Q5. Will Medical Mutual suspend current appeal and peer-to-peer request timeframes?**
- A. No. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.

Transition to Alternate Levels of Care

- Q6. Will prior authorizations continue to be required for elective hospital admissions and post-acute care, including long-term acute care (LTAC), inpatient rehabilitation (IRF) and skilled nursing facility (SNF) admissions?**

A. Effective immediately, please be advised that Medical Mutual is temporarily suspending and/or modifying our utilization management processes in response to the recent surge in Covid admissions. We hope that these changes will assist our hospital partners in managing acute inpatient bed capacity. These changes apply to our commercial and Medicare Advantage lines of business and will be in effect through Jan. 31, 2022.

- **Authorization Suspension**

- Suspension of LTAC prior authorization for patients transferring from an acute inpatient critical care unit
- Suspension of Acute Rehab prior authorizations
- Suspension of SNF prior authorizations remains in place
- The following conditions of this authorization suspension apply:
 - LTACs, Acute Rehabs and SNFs are responsible for notifying Medical Mutual of admissions by the next business day, including admitting clinical information.
 - Discharge planning staff must notify Medical Mutual of patients discharging to a LTAC, Acute Rehab and SNF.
 - All patients must meet the requisite admission level of care criteria.
 - Patients must be admitted to a Medical Mutual contracted provider.
 - Complete clinical information must be provided to the LTAC, Acute Rehab and SNF to facilitate continuity and coordination of care.

- **Changes to Acute Care Inpatient Utilization Management Processes for Ohio Contracted Providers**

- All medical and behavioral health acute care hospitals admissions (excluding psychiatric and substance abuse residential level of care) may suspend submitting additional clinical information following the initial admission notification and medical necessity review
- The following conditions of this authorization suspension apply:
 - All acute care hospitals will continue to notify Medical Mutual of hospital notifications per normal procedures
 - Medical Mutual will review the admission per normal procedures including requesting additional information if not provided on the initial admission review
 - All acute care hospitals will continue to collaborate on discharge planning

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- All acute care hospitals will continue to notify Medical Mutual of patient discharge date

Medical Mutual will continue to monitor healthcare delivery system constraints and will update this policy as appropriate. Please contact your provider representative if you have any questions. You may also continue to communicate information regarding your capacity constraints at hospitalcapacity@medmutual.com.

Q7. CMS has removed the three-day waiver for transfers to nursing facilities. Is there a waiver for commercial pre-certification?

- A. The three-day waiver applied only to traditional Medicare fee for service. Medical Mutual has never required a three-day acute length of stay for any line of business.

Ambulatory Services

Q8. Many elective procedures and surgeries that have been approved with prior authorizations in place are being postponed because of COVID-19. In these cases, will Medical Mutual honor the current prior authorizations when procedures are rescheduled, or will additional approvals be needed?

- A. Medical Mutual will honor any prior authorizations for currently approved, elective admissions or procedures through Dec. 31, 2020 without additional provider administrative burden. Effective May 12, 2021, high-tech imaging approvals through EviCore are changing back to the prior 45 day timeframe from the date of authorization. This had been extended to 180 days due to the COVID-19 pandemic.

Given the numerous businesses being interrupted because of COVID-19, providers should check to make sure their patients remain covered by Medical Mutual at the time the surgery is rescheduled.

Q9. The administration of many medical drugs that have been approved with prior authorizations in place are being postponed because of COVID-19. Will Medical Mutual honor the current prior authorizations when infusions are rescheduled, or will additional approvals be needed?

- A. We have already extended prior authorization without additional provider administrative burden for many of the medical drugs that require approval. For prior approvals issued by Magellan Rx, providers may view the updated authorization period on the [Magellan Rx Provider Portal](#) under View Authorizations. To check the authorization period for prior approvals issued by Medical Mutual prior to Jan. 1, 2020, please contact Magellan Rx at 1-800-424-7698.

Given the numerous businesses being interrupted because of COVID-19, providers should check to make sure their patients remain covered by Medical Mutual at the time the infusion is rescheduled.

Q10. Will Medical Mutual suspend referral restrictions?

- A. Medical Mutual does not require specialty referral authorization.

Q11. Will Medical Mutual suspend current appeal and peer-to-peer request timeframes?

- A. No. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.

PAYMENT AND COVERAGE

Q12. How is treatment for COVID-19 being covered?

- A. For our fully insured plans, Medical Mutual has extended the period during which cost sharing for all treatment related to COVID-19 will be waived to now go through Dec. 31, 2020. Treatment includes hospitalizations and ground ambulance transfers for individuals with a positive COVID-19 diagnosis. In addition, Medical Mutual will permanently cover FDA-approved medications and vaccines when they become available. This is effective retroactively to the beginning of the COVID-19 national public health emergency declared by the US Department of Health and Human Services that started on Jan. 27, 2020.

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For plans subject to the jurisdiction of the Ohio Department of Insurance (ODI), the bulletin released on March 20, 2020, states that testing and treatment for COVID-19 are included in the definition of an emergency medical condition. For these plans, Medical Mutual will follow member cost sharing for services related to the treatment of COVID-19 received from an out-of-network provider the same as if the member received treatment from an in-network provider.

If a member is covered by a self-funded or labor plan, he/she should check with their employer to confirm coverage.

At this time, there are no FDA-approved prescription treatments for COVID-19. If members are prescribed medications on an outpatient basis following a COVID-19 diagnosis, those medications would be covered at the member benefit cost share level. Medications to treat COVID-19 on an inpatient basis would be covered at 100% with no member cost share, through Dec. 31, 2020.

Q13. Are prescriptions for COVID-19 treatment covered?

A. Any medication(s) prescribed in the hospital to treat COVID-19 would be covered per a group's COVID-19 treatment coverage.

At this time there are no FDA-approved outpatient prescription treatments for COVID-19. If members are prescribed medications on an outpatient basis following a COVID-19 diagnosis, those medications would be covered at the member benefit cost share level. We will continue to monitor and adjust coverage if/when FDA-approved COVID-19 treatments become available.

Q14. Are emergency room copays waived for COVID-19 treatment (treat and release)?

A. Yes. Emergency room copays are being waived following the guidelines within, and to ensure compliance with, the Families First Coronavirus Response Act (H.R. 6201).

Q15. Are copays being waived for COVID-19 testing?

A. Yes. Copays are being waived for all Medical Mutual fully insured and self-funded customers. This also covers the cost of the provider visit, which could include a telehealth (telemedicine) visit, urgent care, or emergency room visit, to determine whether the COVID-19 testing is required and to administer the test.

Q16. If a facility fee is charged for a visit that results in an order for, or administration of, a COVID-19 diagnostic test, will Medical Mutual cover the facility fee without cost-sharing?

A. Yes. Per section 6001(a)(2) of the Families First Coronavirus Response Act, the facility fee will be covered without imposing any cost-sharing requirements, prior authorization or other medical management requirements as long as it relates to the furnishing or administration of a COVID-19 test, or the evaluation to determine an individual's need for testing.

Q17. What coding does Medical Mutual need to see on claims to designate a service as being related to COVID-19 and excluded from cost sharing, specifically, in cases where a patient's visit was related to COVID-19 testing, but the patient ended up not being COVID-19 positive?

A. Medical Mutual is following coding guidelines provided by CMS. For more information from CMS, please review these [guidelines](#).

Q18. Will Medical Mutual cover the serological (antibodies) test for COVID-19 with no member cost sharing?

A. Yes. Per the guidance from the Department of Labor, HHS and the IRS, Medical Mutual will cover FDA-approved serological (antibodies) tests for COVID-19 with no member cost sharing. The associated codes are 86328 and 86769.

Q19. How will Medical Mutual communicate that your system is prepared to accept claims for COVID-19 testing?

A. Our systems are able to accept and process claims for COVID-19 testing.

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Q20. What are the requirements in order for providers to receive the CMS mandated 20% increase in claim payment when a Medicare Advantage member tests positive for COVID-19?

A. According to CMS, effective Sept. 1, 2020, Medicare Advantage members must have a positive COVID-19 test within 14 days of hospital admission in order for you to receive the mandated 20% increase in claim payment. Please submit COVID-19 test results with clinical information to ensure prompt payment. Medical Mutual will be issuing post pay audits to ensure this regulation is met.

Q21. Will your plans follow Medicare guidelines for essential health benefits around COVID-19 care and quarantine?

A. We are treating testing and treatment of COVID-19 as essential health benefits for all our plans. We are following other Medicare guidance for treatment of COVID-19, but some portions of the benefits are specific to traditional Medicare. Specifics are included in this FAQ.

Q22. If a member needs to have pre-op testing completed for a second time due to a procedure being delayed because of the COVID-19 crisis, will the second pre-op testing be covered by Medical Mutual?

A. Yes. If it has been more than one month since the initial pre-op testing was completed, then the second testing can be billed and will be covered by Medical Mutual per the member's benefit coverage.

Q23. Providers will be open for surgeries and procedures starting May 1, 2020, as directed by Governor DeWine's Responsible RestartOhio program. Part of that next step will likely include screening/testing patients for COVID-19 before procedures are scheduled. Will Medical Mutual cover screening patients for COVID-19 as part of pre-admission testing?

A. Under the Families First Coronavirus Response Act, Medical Mutual must pay for COVID-19 testing from March 18, 2020, through the end of the national public health emergency declared by the U.S. Department of Health and Human Services. During this period, we will not require prior authorization for COVID-19 testing done as part of pre-admission testing. We will monitor guidance as to whether this is best practice post the national public health emergency and develop policies in accordance with clinical guidance.

Q24. Does Medical Mutual cover telehealth (telemedicine)?

A. For all insured members, visits between a Medical Mutual member and his/her provider via telehealth (telemedicine) are covered (use the [Claims Edit System](#) to verify billing codes), whether an on-demand or a scheduled visit, if the service would be covered when conducted in person. This includes initial visits with a provider. At this time, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits, in addition to web or app, will be covered. For members covered by self-funded plans, benefits may be different, and the patient should verify coverage.

Some Medical Mutual members covered by self-funded plans may have benefits for 24/7 on-demand telehealth (telemedicine) services through national vendors or platforms offered through hospital systems. On-demand virtual visits are a subset of telehealth (telemedicine). These types of visits typically include 24/7 virtual access to licensed healthcare professionals with whom the patients do not have an established relationship. They are similar to visits to an urgent care facility and are typically needed due to an acute health issue.

- Visits are typically covered like primary care provider visits
- Visits are billed with these codes: 99421, 99422, 99423
- Behavioral health visits are not covered as on-demand virtual visits

On-demand telehealth (telemedicine) visits will be payable if they are used to determine the need for COVID testing. Patients covered by self-funded plans should check their benefits for coverage details.

Please note that any telemedicine visits **not related** to COVID-19 diagnosis are being covered at a member's benefit level. Cost sharing is applied according to benefits.

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For all telehealth (telemedicine) visits, the patient must consent to this method of treatment. At this time, verbal consent is allowed and should be documented by the provider and retained permanently in the patient's record.

- Q25. How long will Medical Mutual allow the expanded telehealth (telemedicine) services and relaxed telehealth (telemedicine) requirements that are currently in place?**
- A. Medical Mutual is allowing the expanded telehealth services through Dec. 31, 2020, at which time we will begin to follow Ohio Revised Code Section 3902.30, effective Jan. 1, 2021.
- Q26. Ohio Medicaid is expanding its coverage to include telephone calls, images transferred via fax and text messages. Will Medical Mutual consider expanding coverage of the services considered telehealth (telemedicine)?**
- A. At this time, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered.
- Q27. Can a telehealth (telemedicine) visit be done through a phone call or through online portal communication with my health system?**
- A. At this time, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered.
- Q28. Is Medical Mutual waiving the requirement that initial mental health visits be conducted in person before telehealth (telemedicine) visits are covered?**
- A. At this time, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). This applies only to scheduled visits and does not include on-demand telehealth (telemedicine) providers.
- Q29. Is member cost sharing waived for behavioral health telehealth visits that are related to a COVID-19 diagnosis?**
- A. Behavioral health telehealth visits are covered at 100% with no member cost sharing if the member has been diagnosed with COVID-19. If members are experiencing conditions such as anxiety or depression as a result of the COVID-19 pandemic, but they do not have a COVID-19 diagnosis, then the telehealth visit would be covered at the member's benefit level and cost sharing would apply.
- Q30. The telemedicine reimbursement policy has an effective date of April 2, 2020. Does that mean Medical Mutual isn't covering telehealth (telemedicine) until that date?**
- A. No. Medical Mutual has covered telehealth (telemedicine) prior to the COVID-19 crisis. Posting a reimbursement policy was the final step in documentation. We are revising the effective date to March 1, 2020.
- Q31. Will Medical Mutual be implementing a special telehealth (telemedicine) policy during the COVID-19 pandemic?**
- A. At this time, the policies Medical Mutual put in place regarding telehealth (telemedicine) during the COVID-19 pandemic will remain in place. Details of those modifications are included in this FAQ.
- Q32. Can a provider bill the surcharge they incur for using a telehealth (telemedicine) platform to the member or seek additional reimbursement from Medical Mutual for this charge?**
- A. No. Payment for the service would be considered payment in full. There is no additional reimbursement provided for the technology cost.
- Q33. Can a provider bill a fee for a prescription refill via the phone?**
- A. No. Telephonic services alone are not a reimbursed service.

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- Q34. Can occupational and physical therapy, as well as speech pathology, be billed as telehealth (telemedicine)?**
- A. At this time, Medical Mutual will allow occupational and physical therapy, as well as speech pathology, visits to be conducted via telehealth (telemedicine) when an audio and visual encounter are included. Telephonic-only visits will NOT be covered. Chiropractic services are NOT included. Services performed by home health agencies are NOT included. Please check the [Claims Edit System](#) to verify the billing codes to use. Therapy services performed through telehealth (telemedicine) are subject to the same plan benefits, limitations and authorization requirements as if the services were performed in person.
- Q35. Can mental health and substance abuse services be provided through telehealth (telemedicine)?**
- A. Yes. Individual therapy can be conducted by a provider to their patients. At this time, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). Also at this time, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered.
- Q36. Will Medical Mutual suspend the face-to-face requirement for Medicare annual wellness visits and home health referrals?**
- A. CMS is not waiving the face-to-face requirement at this time. Therefore, Medical Mutual is keeping the requirement in place. The annual wellness visit can be conducted through telehealth (telemedicine) as long as a visual component is included, thus satisfying the face-to-face requirement.
- Q37. Will Medical Mutual cover applied behavioral analysis (ABA) therapy conducted via telehealth (telemedicine)?**
- A. Yes. At this time, Medical Mutual will cover the ABA services outlined in the [Claims Edit System](#) as approved services when conducted via telehealth (telemedicine). The service must include both a visual and an audio component. ABA services will still be covered within benefits limits, authorization limits and within state and federal regulatory requirements and licensure, including HIPAA compliance.
- Q38. Will Medical Mutual cover pediatric preventive (well child care) visits conducted via telehealth (telemedicine)?**
- A. Considering [clinical guidance from the American Academy of Pediatrics](#), Medical Mutual will NOT cover pediatric preventive care (well child care) visits conducted via telehealth (telemedicine) These visits center around services that necessitate a face-to-face interaction, such as administering vaccines, checking height and weight, and performing vision and hearing screenings.
- Q39. Will Medical Mutual cover adult preventive care visits (annual check-ups) conducted via telehealth (telemedicine)?**
- A. Medical Mutual will NOT cover adult preventive care visits (annual check-ups) conducted via telehealth (telemedicine) These visits center around services that necessitate a face-to-face interaction. For Medicare Advantage members, an annual check-up is different than the annual wellness visit CMS allows to be conducted via telehealth (telemedicine).
- Q40. Is Medical Mutual implementing the temporary suspension of sequestration withholdings from Medicare Advantage payments?**
- A. Yes. Effective May 1, 2020, in compliance with CMS guidance, Medical Mutual will no longer be withholding sequestration amounts.

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- Q41. Is COVID-19 testing covered under workers' compensation for first responders?**
 A. At this time, the Ohio Bureau of Workers' Compensation (BWC) has not issued guidance pertaining to whether testing due to work-related exposure to COVID-19 would be covered. Until we receive clear guidance from the BWC, Medical Mutual plans to cover COVID-19 testing at 100%, even if exposure occurs within the workplace. This may change retroactively if further guidance is released from the BWC.
- Q42. If Medical Mutual receives a claim for COVID-19 testing that has the "work-related" box checked, will your system reject it or would it process and pay?**
 A. In this example, the COVID-19 test would pay at 100% even if the work-related box is checked based on the lack of guidance from the BWC and to be compliant with federal law. Should something change in the future we will adjust our processing practices retroactively.
- Q43. If a first responder contracts COVID-19 is the treatment covered by workers' compensation?**
 A. The Ohio Bureau of Workers' Compensation (BWC) has issued guidance stating that claims can be filed in cases where jobs pose a special hazard or risk which results in employees contracting COVID-19 directly from the work exposure. First responders such as EMS, police, firefighters and healthcare workers are some examples of jobs that would fall into this category. If the work-related box is check on a COVID-19 treatment claim, Medical Mutual will NOT automatically process and pay these at 100%, but will refer these to the BWC for review.

CREDENTIALING

- Q44. Does Medical Mutual have any way to bypass the normal credentialing process and grant an access needs waiver when needed to serve patients expeditiously?**
 A. Yes. Medical Mutual will grant an access needs waiver in this situation and would only need basic information for claim submission.

COVID-19 Hospital Contact List

First Name	Last Name	Title	Email	Work Telephone	Cell Phone
Robin	Bender	Clinical Coordinator, Acute and Post-Acute	Robin.Bender@medmutual.com	419-473-7198	419-654-2466
Josie	Valente	Manager, Prior Authorization	Josephine.Valente@medmutual.com	216-736-2419	216-533-3030
Annette	Ruby	VP, Clinical Population Health	Annette.Ruby@medmutual.com	216-687-7503	330-620-7240
Linda	Patterson	Medical Director	Linda.Patterson@medmutual.com	440-878-4171	216-780-8474
Philip	Rice	Medical Director	Philip.Rice@medmutual.com	216-687-6524	814-931-5966

Appendix A

Appendix A has been replaced with a link to the Medical Mutual [Claims Edit System](#). You can verify billing codes using this tool.
