# COVID-19 Frequently Asked Questions for Providers

Updated: March 27, 2020

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.

## 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.

### 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.

**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.**

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**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. Yes. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints. If your facility is nearing capacity, please notify Medical Mutual immediately at hospitalcapacity@medmutual.com. Please note that home care, hospice, and home-based palliative care do not require prior authorization.

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

**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. We are working to ensure that our processes accommodate any currently approved, elective admission or procedures without additional provider administrative burden. 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. Will Medical Mutual suspend referral restrictions?**

A. Medical Mutual does not require specialty referral authorization.

**Q10. 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

**Q11. How is treatment for COVID-19 being covered?**

A. 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

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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 the member is covered by a self-funded plan that is subject to the Employment Retirement Income Security Act (ERISA), the ODI bulletin does not apply and Medical Mutual will evaluate the claim according to the terms of the plan. In many cases, even for ERISA plans, the care will be considered emergency care. Pre-authorization will not be required for COVID-19 treatment.

**Q12. 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).

**Q13. 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.

**Q14. How will Medical Mutual communicate that your system is prepared to accept claims for COVID-19 testing?**

A. Our system is on track to be ready for COVID-19 testing claims on April 1, 2020.

**Q15. 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.

**Q16. 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 (see Appendix A of this FAQ for details on 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. During the current state of emergency in Ohio, 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 at this time. 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.

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**Q17. 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. During the current state of emergency in Ohio, 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 at this time.

**Q18. Can a telehealth (telemedicine) visit be done through a phone call or through online portal communication with my health system?**

A. During the current state of emergency in Ohio, 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 at this time.

**Q19. Is Medical Mutual waiving the requirement that initial mental health visits be conducted in person before telehealth (telemedicine) visits are covered?**

A. During the current state of emergency in Ohio, 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.

**Q20. 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.

**Q21. Will Medical Mutual be implementing a special telehealth (telemedicine) policy during the COVID-19 pandemic?**

A. During the current state of emergency in Ohio, Medical Mutual is modifying our telehealth (telemedicine) policy. Details of those modifications are included in this FAQ.

**Q22. 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.

**Q23. Can a provider bill a fee for a prescription refill via the phone?**

A. No. Telephonic services alone are not a reimbursed service.

**Q24. Can occupational and physical therapy, as well as speech pathology, be billed as telehealth (telemedicine)?**

A. During the current state of emergency in Ohio, Medical Mutual will allow occupational and physical therapy, as well as speech pathology, visits to be conducted via telehealth (telemedicine) through a provider portal where a visual encounter is included. Telephonic-only visits will NOT be covered. Chiropractic services are NOT included. Services performed by home health agencies are NOT included. Billing for these visits should use the following codes –

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| G2061 | Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes |
| G2062 | Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes |
| G2063 | Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes |

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**Q21. 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. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). At this time, we are also waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits, in addition to web or app, will be covered.

**Q22. 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.

**CREDENTIALING**

**Q23. 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 |
| Lloyd | Cook | Medical Director | Lloyd.Cook@medmutual.com | 216-687-6259 | 216-973-0180 |
| 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

The following CPT codes have been deemed by CMS as appropriate services billable as a telemedicine service. CPT codes noted below are covered as a telehealth (telemedicine) option providing the service is a covered service when performed in person.

| CPT Code | Description |
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| 99201-99215 | Office or other outpatient visits – for both new and established patients |
| 99231-99233 | Subsequent hospital care services, with the limitations of 1 telehealth visit every 3 days |
| 99307- 99310 | Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days |
| 96150- 96154 | Individual and group health and behavior assessment and intervention |
| 90845-90847 | Psychotherapy |
| 90832-90834, 90836-90838 | Individual psychotherapy |
| 90791 and 90792 | Psychiatric diagnostic interview examination |
| 90785 | Interactive complexity psychiatry services and procedures |
| 99421, 99422, 99423 | Online digital evaluation- (Medical Mutual defined as On-Demand) |
| 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963-90970 | ESRD-related services |
| 96116 | Neurobehavioral status examination |
| G0436, G0437<br>99406, 99407 | Smoking cessation services |
| 99495- 99496 | Transitional care management services |
| 99497- 99498 | Advance care planning |
| 99354-99357 | Prolonged service in the office or other outpatient setting. |
| 99441 | Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. |
| 99442 | Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. |
| 99443 | Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. |
| G0438 | Annual wellness visit, includes a personalized prevention plan of service (PPPS) first visit |
| G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPPS) subsequent visit |
| G0508 | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth |

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| G0442 | Annual alcohol misuse screening, 15 minutes |
| G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes |
| G0444 | Annual depression screening, 15 minutes |
| G0445 | High-Intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes education, skills training and guidance on how to change sexual behavior, performed semi-annually, 30 minutes |
| G0446 | Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes |
| G0509 | Telehealth consultation, critical care, initial, physicians typically spend 50 minutes communicating with the patient and providers via telehealth |
| G0296 | Counseling visit to discuss need for lung cancer screening using low dose CT scan |
| G0420 and G0421 | Individual and group kidney disease education services |
| G0108 and G0109 | Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training |
| G0425- G0427 | Telehealth consultations, ED or initial inpatient |
| G0270, 97802-97804 | Individual and group medical nutrition therapy |
| G0459 | Telehealth pharmacologic management |
| G0406- G0408 | Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs |
| G0396 and G0397 | Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services |
| G2061 | Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes |
| G2062 | Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes |
| G2063 | Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes |