



COVID-19 Frequently Asked Questions for Providers

Updated: March 20, 2020

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

Updates to this FAQ will be made as more guidance from local and federal governments and other agencies is made available.

UTILIZATION MANAGEMENT PROCESSES

Q. 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. Continued stay, medical necessity review authorization will continue per normal procedures.

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

A. Yes. Medical Mutual's clinical team is positioned to be responsive to urgent requests for services subject to prior authorization, including elective (including direct) admissions and post-acute care for LTAC, IRF and SNF services. To facilitate discharge to post-acute care providers, we are requesting that hospital utilization review teams notify Medical Mutual's clinical team as soon as possible when identifying the need so we can process the medical necessity review early in the hospital stay.

Q. 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 COVID-19 pandemic to allow notification at any time while the patient is hospitalized.

It is critical we receive notification as early as possible so we can rapidly facilitate authorizations for post-acute care, or to arrange other post-discharge needs, within the patient's benefit structure.

Q. 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.

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Q. 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.

Q. 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.

PAYMENT AND COVERAGE

Q. 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).

Q. 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.

Q. 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.

Q. 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.

Q. 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. 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.

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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.

Q. 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.

Q. 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.

Q. Is Governor DeWine mandating that health insurance carriers waive the rule that requires the first mental health visit be conducted in person before a telehealth (telemedicine) visit is 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).

Q. 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.

Q. 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.

Q. 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.

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

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

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

A. No. Codes associated with these services are not defined as billable telehealth (telemedicine) codes by CMS. Therefore, Medical Mutual is not allowing reimbursement for these services via telemedicine.

Q. 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..

CREDENTIALING

Q. 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.

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 telemedicine option providing the service is a covered service when performed in person.

CPT Code	Description
99201-99215	Office or other outpatient visits
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 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.
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
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