MVPFASTFAX

March 30, 2020 – 2020.26

Important News for Providers

# COVID-19 Vermont Update – 3/30/2020

**This FastFax is a summary of information previously communicated, which is applicable to MVP Health Care® (MVP) members in Commercial plans. To view a summary of information for Medicare members, visit mvphealthcare.com/FastFax.**

## Coding of COVID-19 Care

In compliance with state and federal regulations, MVP will not apply a cost-share to testing for COVID-19, including any fees associated with an office, Emergency Department (ED), or Urgent Care Center (UCC) to an in-network Provider for the purpose of getting tested for COVID-19 including tests performed by hospital and commercial labs (i.e., LabCorp and Quest Diagnostics).

In summary, the following CPT codes should be used for COVID-19 testing:

| CPT Code | Description |
|---|---|
| U0001 | Reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel. |
| U0002 | Reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). |
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |

Claims billed with the following ICD-10 codes in the first position for office, ED, or UCC visits that are for the primary purpose of testing will not apply a cost-share:

- Z03.818
- Z20.828

## Telehealth and Audio Calls

MVP is covering telehealth services at **no cost-share** to the Member during the declared State of Emergency. As of 3/13/2020, MVP is covering telephone-only codes as a telehealth visit for VT commercial Members only at **no cost-share to the Member**. Providers will be reimbursed same as in person visits, rates based on their Provider Agreement.

Providers do not have to have an existing patient relationship with a Member to be reimbursed for telephone triage services and health care services delivered through telehealth or audio-only telephone.

While we encourage Providers to bill consistent with an office visit – and understand that certain services can be time consuming and complex even when provided virtually – such services should be coded at a level of

care appropriate for provision through a telephonic mechanism and Providers should maintain documentation in the medical record for the level of care billed.

Telehealth visits will be included in any applicable Member benefit visit limitations.

Providers should submit claims for telephone only visits as telehealth visits for Covered Services as outlined below in order for the Member cost-share to be waived:

- Submit the appropriate Evaluation & Management (E/M) or CPT code (for example 99212 or 99213)
- Submit the claim with the 02 place of service
- Claim modifiers "95" or "GT" should be appended as appropriate on each claim that represents a service delivered via Telehealth.
    - 95 modifier - Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system.
    - GT modifier - Via interactive audio and video telecommunication systems.

## Virtual Check-In

Providers should bill the following G codes when conducting brief visits via telephone. These will be covered at **no cost-share to Members** during the declared State of Emergency.

| CPT Code | Description |
|---|---|
| G2012 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 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 |
| G2010 | Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. |

## Prior Authorizations

MVP has suspended prior authorization requirements for all lines of business for:

- Inpatient surgery and inpatient admissions for hospitals in NY and VT
- Post-acute care after discharge from hospitals in NY and VT including prior authorization requirements administered by naviHealth
- All Radiation Therapy and High-Tech Radiology (MRI's, MRA's, CT's, Nuclear Cardiology and PET Scans) managed by eviCore
- All musculoskeletal codes managed by Magellan/NIA

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MVP will continue to perform prior authorization review for all other services, including:

- Outpatient elective procedures, in-office procedures, durable medical equipment, and physician administered drugs
- Use of out-of-network and out-of-state providers for provider office, ambulatory surgical, outpatient facility, and inpatient settings

## Acute Care Facility, Skilled Nursing, and IP Rehabilitation Facilities

MVP has suspended the admission, concurrent, and retrospective review requirements for acute care facility admissions at hospitals in NY and VT.

Prior authorization for admission to Skilled Nursing and IP Rehabilitation facilities and for Home Care is also suspended.

As is standard business practice, services performed in an urgent care facility or an emergency room do not require prior authorization.

MVP is available to accept notifications of admission. The Notification of Unplanned, Urgent, or Emergency Room Admission form has been added to our website at **mvphealthcare.com/providers/forms/#admissions**. Supporting documentation is not required during this timeframe.

MVP is available for assisting with discharge planning.

Post-Acute Care Services

MVP has suspended the prior authorization for home care services for Medicare Advantage Members.

MVP has suspended prior authorization for transfers to Skilled Nursing and Rehabilitation Facilities.

- It is encouraged that Skilled Nursing and Acute Inpatient Rehabilitation Facilities continue to notify MVP of any admission (for Medicare Advantage Members continue to notify naviHealth).
- It is preferred that Members continue to be directed to participating facilities. MVP and naviHealth will not reject admissions to non-participating facilities.
- MVP will waive the 3-day hospital stay rule, if it exists, for all lines of business.
- It is expected that transfers are medically necessary.

MVP and naviHealth will perform concurrent review during Member stays at skilled nursing and rehabilitation facilities. For any adverse determination that is adjudicated, MVP will follow NYS DFS rules of 90-day extension of timeframe for appeals.

## Admission Requirements for Behavioral Health

MVP has modified the admission requirements for inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential for 90 Days.

Providers should notify MVP within two business days of the admission to the above levels of care. Concurrent reviews are suspended for all services mentioned above, however, MVP will continue to assist in coordinating care and discharge planning throughout the Member's stay.

MVP clinicians will contact facilities for periodic consultations. These consultations are not for utilization review purposes, but rather for coordination of care regarding the Member's treatment and discharge plans. MVP is also offering assistance as needed during these consultations to remove any barriers there may be related to post discharge care.

When the Member is discharged, the Provider should notify MVP of the discharge date along with the discharge plan within 24 hours of discharge. This includes Members leaving against medical advice (AMA).

## MVP Policies

MVPs Covid-19 policies will be altered upon receipt of new guidance from state and federal authorities. Once the declared disaster emergency has been lifted, MVP reserves the rights to return to the current Telehealth, TeleMental Health, and Virtual Check-in policies outlined in MVPs payment policies.

To view MVP policies, visit **mvphealthcare.com/PRM**.