



COVID 19 Update

iCare will continue to follow the Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) guidelines during the COVID-19 public health emergency (PHE). It is our top priority to keep our members and providers safe during this time.

We encourage providers to stay informed of all CMS and DHS coverage updates.

- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spage

Please visit our website frequently for rapidly changing updates and guidelines.

- <https://www.icarehealthplan.org/Provider.htm>

Telehealth Prior Authorization (PA)

- *i*Care is not currently requiring PA for covered Telehealth services.
- PA is required for any other other procedures which are on our PA Requirement List
- Please see our website for the up to date list
 - <https://www.icarehealthplan.org/Prior-Authorization.htm>

Prior Authorization (PA) Guidelines

Home Health and Personal Care Workers

- Waiving supervisory visits: nurses must review the plan of care, evaluate the member's condition, and discuss with the ordering provider any necessary changes in the plan of care utilizing technology available (virtual visits, phone, etc.) in the timeframes required
- Extending authorizations for a span of 90 days

PA Guidelines Continued

Durable Medical Equipment and Supplies

- Waiving in home assessments for certain items
- Extending authorizations for the length of the dates of service requested plus an additional 90 days
- Waiving many of the requirements for replaced, lost, destroyed, damaged or otherwise rendered unusable or unavailable equipment
- Encouraging the use of telehealth services as an alternative for face to face encounters
- Waiving face to face encounter requirements

PA Guidelines Continued

General Subacute Facilities (SNF, LTCA, IRF)

- Waiving the 3-day qualifying stay for Medicare members in the event that member needs to be moved for viral related circumstances or conditions
- Waiving the need for a 60-day period between benefit periods in situations when care is needed for viral related conditions
 - Note stays will still be required to meet medical necessity criteria

PA Guidelines Continued

Coverage and guidance from CMS and DHS is rapidly changing to meet the needs of Medicare and Medicaid providers and beneficiaries. iCare is making best efforts to update the information above timely.

However, to ensure you are obtaining the most current guidance, we encourage providers to keep abreast of any COVID-19 announcements from CMS ([CMS Current Emergencies General Information & Updates](#)), DHS ([COVID-19: ForwardHealth News and Resources](#)) and the CDC ([Center for Disease Control's Coronavirus webpage](#)).

We encourage providers to check the above links frequently to stay informed.

Physical/Occupational/Speech Therapy (PT/OT/ST)

MEDICARE

- Standard PT/OT/ST **can** be done via Telehealth as they are not considered remote providers.
- *updated 5/1/2020, see MLN Connects Special Edition 4/30/2020. For the duration of COVID 19 emergency other practitioners are able to provide telehealth services.
- PT/OT/ST can be done within the allowed telehealth codes

MEDICAID

- PT/OT/ST **can** be done via Telehealth using the appropriate location code and modifier

Allowable procedure codes per Medicare for Telehealth

- G0425-G0427 – Initial Telehealth Consultations
- G0406-G0408 – Follow Up Telehealth Consultations
- G2010 – Remote Evaluation of Recorded Video and/or Images
- G2012 – Remote Evaluation of Recorded Video and/or Images
- G2061-G2063 – Qualified non-physician healthcare professional online assessment and management, up to seven days (5-10, 11-20, 21+ minutes)
- G2023-G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

Please see the following link for a complete list of Telehealth codes [*NGS Telehealth Billing FAQs for COVID-19*](#)

Allowable procedure codes per Medicare and/or Medicaid for Telehealth

- 98970-98972 – On-line Medical Evaluation
- 99421-99423 – On-line Digital Evaluation and Management (E&M)
- 99441-99443 – Telephone E&M by a Physician of Established Patient
- 98966-98968 – Telephonic Assessment and Management, Qualified Non-Physician
 - Update 8/12/2020-98967 & 98968 removed from WIFS per ForwardHealth effective 7/31/2020

Please see ForwardHealth Update 2020-15 for information on ALL allowable telehealth services

<https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>

Allowable procedure codes for Testing

Medicare

- G2023-G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- C9803 - Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source

Medicare and/or Medicaid

- U0001 – CDC 2019 Novel Lab Test
- U0002 – Non-CDC 2019 Novel Lab Test
- U0003 – Infectious agent detection by nucleic acid (DNA or RNA) *added 4/23/2020
- U0004 – *2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughout technologies as described by CMS-2020-01-R* *added 4/23/2020
- 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

Allowable procedure codes for Testing Cont.

Medicare and/or Medicaid

- **86328:** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) *added 4/30/2020
- **86769:** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) *added 4/30/2020

Vaccine and Antibody Tests

Per CMS guidelines, the vaccine and antibody testing will be reimbursed by Original Medicare.

Vaccines:

- 91300
- 91301
- 91303
- 0001A/0002A
- 0011A/0012A
- 0021A/0022A
- 0031A

Antibodies:

- Q0239/M0239
- Q0243/M0243

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

Vaccine and Antibody Tests Cont.

Effective December 11, 2020 ForwardHealth will cover Pfizer COVID Vaccine

- 91300
- 0001A
- 0002A

Effective December 18, 2020 ForwardHealth will cover Moderna COVID Vaccine

- 91301
- 0011A
- 0012A

Claim submission: Unlike the ForwardHealth claims submission process for most other vaccines, providers are required to indicate the procedure code of the COVID-19 vaccine administered **as well as** the administration code on claims submitted for the COVID-19

Vaccine and Antibody Tests

Cont.

Member Cost Sharing: As a reminder, members should not be charged copays for any COVID-19- related care, including vaccination. Refer to the Exemptions_topic (#231) of the Online Handbook for more information.

ForwardHealth reimbursement rates for a COVID-19 vaccine requiring a series of two or more doses will be the following:

- \$16.94 for administration of the initial dose(s)
- \$28.39 for administration of the final dose in the series

ForwardHealth will reimburse \$28.39 for the administration of a single dose COVID-19 vaccine

Please see ForwardHealth Update No. 2021-01

For the latest information from ForwardHealth regarding COVID-19, refer to the [COVID-19 ForwardHealth Provider News and Resources](#) webpage on the Portal.

Telehealth Modifiers

Medicare

- CR - Catastrophe/Disaster Related. This modifier is currently being used for Medicare payment and tracking, therefore consider reporting it with any service during this COVID-19 “season” – it should be a secondary modifier to payment modifiers (eg, 25)

Telehealth Modifier Cont.

Medicare

- **CS Modifier**

Previously, CMS made available the CS modifier for the gulf oil spill in 2010; however, CMS recently repurposed the CS Modifier for COVID 19 purposes. Now, for services furnished on March 18, 2020 and through the end of the PHE, outpatient providers, physicians and other provider and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as submit to the cost-sharing waiver for COVID 19 testing-related service and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.

Telehealth Modifiers Cont.

Medicare and/or Medicaid

- 95 - Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

Medicaid

- GT - Via interactive audio and video telecommunication systems

Place of Service (POS) and Modifiers

The appropriate Modifiers and POS codes must be used when providing Telehealth otherwise claims will deny.

Medicare

- Use POS 02
- CS/CR Modifier

Medicaid

- POS 02
- GT Modifier

If billing for a Dual eligible iCare member, please use the GT modifier for both coverages to allow the claim to crossover to Medicaid

New ICD-10 codes for COVID-19

- V07.0 Vaping Related Disorder
- U07.1 COVID-19, virus identified
- U07.2 COVID-19, virus not identified
 - Clinically-epidemiologically diagnosed COVID-19
 - Probable COVID-19
 - Suspected COVID-19
- <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

*Update 3/1/2021 - As a result of the ongoing COVID-19 federal public health emergency, the Centers for Disease Control and Prevention is implementing additions to the International Classification of Diseases, 10th Revision. These new codes are intended to identify conditions that result from COVID-19.

The following new codes are effective for dates of service on and after January 1, 2021:

- Z11.52 (Encounter for screening for COVID-19)
- Z20.822 (Contact with and [suspected] exposure to COVID-19)
- Z86.16 (Personal history of COVID-19)
- M35.81 (Multisystem inflammatory syndrome [MIS])
- M35.89 (Other specified systemic involvement of connective tissue)
- J12.82 (Pneumonia due to coronavirus disease 2019)

CMS and DHS Information

Please see the following website for further information from CMS coverage and billing

- <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>
- <https://www.cms.gov/files/document/se20011.pdf>

Please see the following website for further information from DHS

- <https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>
- https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_billing.html.spage

Fraud, Waste and Abuse

- As the number of people and communities affected by the COVID-19 pandemic grows, so do the scams associated with it. Scammers use public health emergencies as opportunities for new fraud schemes. And because older adults are at greater risk for serious illness from this virus, they are at increased risk of being targets.
- During this medical crisis facing our nation, it is important to have the facts surrounding COVID-19, to be aware of the potential for scams, and to know what you can do to protect our members.

Fraud, Waste and Abuse Cont

Reminder for our Members: Beware of anyone contacting you in person, on the computer or by phone, claiming to have a cure or vaccine.

- Do not give your Medicare number, Social Security number, or any personal information in response to unsolicited calls, text, email, or home visits.
- Hang up (or shut the door) on anyone who claims they have a test kit for the virus.
- Be suspicious of anyone offering anything related to COVID-19 such as testing kits, any supplies, or treatments.
- Don't succumb to fear-based tactics of scammers. Cut off those who make you afraid and contact familiar sources instead

Fraud, Waste and Abuse Cont

Please see our website for more information on Fraud, Waste or Abuse and how to report it.

- <https://www.icarehealthplan.org/Files/Resources/PROVIDER-DOCS/2020FraudWasteAbuse.pdf>