Last Modified: March 19, 2021

Provider Memorandum

COVID-19 Provider Frequently Asked Questions
Molina Healthcare of Illinois (Molina) would like to thank our provider partners throughout the state for staying vigilant and continuing to provide the highest level of care to all Molina members during these difficult times regarding COVID-19. Guidance from our regulators is rapidly changing. To help our providers stay up to date on changes in procedures, we have created this list of frequently asked questions to address your concerns.

We will work to update this list regularly, or as new policies are finalized.

Molina has moved to a fully remote workforce. Please be assured that even with this operational modification, our processes in general have not changed at this time.

To receive the most up to date information, we encourage all our providers to sign up for Molina provider email alerts to receive news and updates about Molina services. Sign up at molinahealthcare.activehosted.com.

General Information and Questions

Will Molina cover laboratory testing for COVID-19?
For all Molina members, COVID-19 lab testing is a covered service if it is billed appropriately by a provider considered appropriate for these services. A new Healthcare Common Procedure Coding System (HCPCS) code, U0002 became effective February 4, 2020.

- HealthChoice Illinois:
  - U0001 – $35.91 - CDC 2019-NOVEL CORONAVIRUS REAL-TIME RT-PCR DIAGNOSTIC PANEL
  - U0002- $51.31 - CORONAVIRUS (COVID-19) SARS-COV-2/2019-NCOV,NON-CDC LAB TEST
  - 87635 - $51.31 - 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
  - These rates are current as of March 2020, always check the Department for Healthcare and Family Services (HFS) Fee Schedule for updates.
- Medicare-Medicaid Alignment Initiative (MMAI): The Centers for Medicare and Medicaid Services (CMS) has issued a rate for U0001, U0002 and 87635 which Molina will honor as long as it remains a covered benefit. There will not be any patient liability specific to COVID-19 lab testing.

Will Molina allow for visits to be conducted via telehealth?
Yes. We encourage all providers to utilize telehealth services to prevent the spread of COVID-19 when medically necessary. These visits should be performed by an appropriate provider, and meet all standards set forth by HFS for telehealth services. Molina posted a separate telehealth memo on April 2, 2020. Please click here to learn more on telehealth services.

Is preauthorization required for telehealth visits?
Telehealth office visits related to COVID-19 will not be subject to benefit preauthorization requirements for contracted provider. However, if a health care service typically provided in an in-person face-to-face setting required prior authorization prior to March 9, 2020, and that same service is now planned to be provided via telehealth, prior authorization will still be required for that service. If prior authorization was already obtained for a face-to-face service, an additional prior authorization to provide the service via telehealth is not required.

Is Molina configured to process claims under these new Medicaid telehealth guidelines?
Yes. As of April 13, 2020, Molina is configured to process telehealth claims. Please **do not** hold claims for telehealth services. Molina is in the process of identifying impacted claims and reprocessing dates of service on or after March 9, 2020.

Will there be a delay in claims payments?
We do not anticipate any delays in claims payments. Effective April 14, 2020, Molina transitioned from issuing payments every Monday, Wednesday, and Friday to daily (Monday through Friday) check runs. To receive payment quicker, we encourage providers to sign up for electronic funds transfer (EFT). To register for EFT, please contact Change Healthcare.

Do I still need to be registered within IMPACT (IL Medicaid) to be considered for payment?
Yes – Providers still need to be certified for Illinois Medicaid to receive payment.

Will Molina be revising its prior authorization policies?
Molina has implemented the following changes in procedure for its providers for all Molina members. (Please note we reserve the right to conduct post service reviews and utilize our process for medical necessity determination.)

1. Any prior authorization which is time limited for a procedure that was found to be medically necessary and approved, will be extended until September 1, 2020, without need for further review. This includes eviCore authorization. Molina will continue to monitor this situation.
2. Prior authorization for therapy (PT/OT/ST), home health, and certain DME equipment and supplies has been removed during the current COVID-19 crisis.
3. Face-to-face encounter requirements for ordering DME, Home Health, and therapy have been waived during the current COVID-19 crisis.
4. Any previously approved therapy (PT/ST/OT) visit has been extended until September 1, 2020.
5. Requests for prior authorizations that exceed the quantity limits for items related to COVID-19 are still required. Providers should reference the quantity limits for these codes. For participants with a diagnosis of COVID-19 who need quantities above the allowable amount, providers should submit a prior authorization request with an order documenting the diagnosis. The prior authorization request will be expeditiously processed**.**
6. New procedures, treatments, supplies, or equipment not on the list must go through the normal approval process but should not expire before September 1, 2020.
7. Medical necessity review for inpatient stays and concurrent reviews will follow normal processes.
8. Prior authorization changes will not be made to bariatric surgery and gender affirming services.

Important Reminders

- State and federal laws and regulatory requirements will supersede these guidelines.
- We maintain the right to retrospectively review health care services submitted for claims payment for accuracy and appropriateness.
- This change to member prior authorization requirements is subject to in-network facility access.

How are authorizations and concurrent reviews being managed within Molina?
Molina processes have not changed for authorization turnaround times and concurrent reviews.

Will Molina be revising its timely filing limits?
Currently, Molina is not revising the timely filing limits for claim submission or post service appeals. We will continue to monitor the developments of new policies and COVID-19 and communicate any revisions.

Our provider office is rapidly shifting resources to different locations. What should we do to ensure our claims will be paid?
Under the following scenarios, Molina will need an updated roster from your provider office:

- If the provider change results in the provider billing with a different Group NPI or TIN, we require an updated roster to ensure claims payment.
- If you would like for us to display the providers new service location and availability on our Provider Directory, we require an updated roster.

If the shifting of resources is considered temporary to address the COVID-19 crisis and does not impact the Group NPI or TIN, the provider had been billing with, we would not require an updated roster to address the temporary relocation to ensure claims payment. Submit your Universal IAMHP Roster to MHILProviderNetworkManagement@MolinaHealthcare.com.

Are members still able to get transportation to their appointments through MTM?
Members who require testing or have tested positive with COVID-19 who must be transported with the advice or instruction of a medical professional will be transported via ambulance only. No prior authorization is required. MTM will work to understand the member's risk and need for an ambulance transport by asking the following questions:

- Do you currently have a fever?
- Have you recently been out of the country?
- Have you been in contact with someone who has recently been out of the country?
- Have you been exposed to someone who has tested positive for COVID-19?

Routine services for dental and vision services may be limited with many offices seeing patients for emergency services only. We are encouraging all members to call and verify their appointment prior to going. Some medical services may also be postponed. When a member calls for transportation, the member will be asked if the provider office is open and if the provider can still see the member. If they don't know, MTM will call to verify that the member has an appointment. Some services will **not** be verified, such as:

- Chemotherapy
- Dialysis
- Cardiac rehabilitation
- Hospital admission/discharge
- Radiation treatment
- Hospital-to-hospital transfers

Updates to non-emergent transportation.
Members and/or providers **must** still call to schedule non-emergent transportation rides. This process has not changed. However, on a temporary basis, beginning with date of service March 1, 2020, until the termination of the public health emergency, Molina and its vendor will be making the following changes to the non-emergent transportation process:

- The HFS 2270, Physician Certification Statement (PCS) form will not be required when claims are originating from a long-term care facility or a hospital.
- The participant signature will not be required on trip tickets to validate rides.
- Transportation will be allowed to and from alternative destinations for medical care, such as a tent for triage and testing, or a stadium or convention center that has been converted to a medical center.

Non-emergency transportation brokers and providers will ensure all drivers are trained on COVID-19 precautions including:

- Reducing or eliminating ride-share with other members.
- Using disinfecting cleaners to wipe down surfaces.
- Wearing gloves when cleaning, whenever possible.
- Ventilating vehicles following each trip by opening doors.

Should driver availability become limited due to demand, MTM will temporarily enlist the use of non-traditional services, such as Lyft or Uber. Members or providers should continue to schedule rides through MTM Transportation.

All members who have not received instructions from their provider to be transported should remain at home in isolation for fourteen days.
For non-emergency transportation related issues, please contact MTM Transportation:

(855) 740-3105 Arrange transportation
Medicaid: **(844) 644-6354**
MMP: **(844) 644-6353**

What ICD-10 Codes should be used to bill for COVID-19?

ICD-10	Description
B97.29	Other coronavirus as the cause of diseases classified elsewhere.
Z03.818	Encounter for observation for suspected exposure to other biological agents - ruled out.
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases.

An emergency ICD-10 code has been created by WHO:

- Code U07.1, 2019-nCoV acute respiratory disease, will be implemented into ICD-10-CM with the update effective October 1, 2020. Until then, providers must use available ICD-10 codes and guidance.

Exposure to COVID-19 codes:

- Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out). Used for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation.
- Z20.828 (Contact with and suspected exposure to other viral communicable diseases). Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.

Will members be expected to pay copays for COVID-19 related services?
For Medicaid (HealthChoice Illinois Members) Molina **does not** require copays for any covered service.

For MMP members, Molina will waive copays and cost share for the diagnostic laboratory test for COVID-19. No Prior Authorization is needed for this testing for contracted providers.

What changes have happened regarding prescriptions for members?
Molina has implemented the following changes to ensure that Members continue to have access to their prescriptions:

- **Early Refills:** Members can receive early refills of their retail medications. They can receive a 90-day supply (original refill plus two early refills) of medication. If any issues arise regarding the pharmacy filling prescriptions, providers or pharmacies should contact Molina Pharmacy Department at **(855) 866-5462**.
- **Free Delivery**: Our pharmacy partner, CVS pharmacy, is waiving delivery fees for all prescription medications. The member must have prescription filled at a CVS Pharmacy for free delivery.
- **Home Delivery** (also known as mail order): CVS offers mail order to all members at no additional cost to the member. Home delivery can be arranged one of four ways:
    - **Mail** – Complete and mail the CVS/Caremark Mail Service Order Form. Mail the form and payment to the address printed on the form. For new orders, please include your prescription.
    - **Online** – Go to caremark.com and sign in or register by clicking "register now." Then under the prescriptions drop down menu, select “start mail service” and follow either the online steps or complete the mail service order form and mail to CVS/Caremark. The mailing address is printed on the form.
    - **Phone** – Call CVS/Caremark toll-free at **(866) 467-5551**, TTY 711, 24/7.
    - **Provider** – Provider’s office can call the CVS/Caremark number, **(866) 467-5551**, TTY 711, and call, fax, or ePrescribe prescriptions 24/7.

- **Day Supply**: Molina has adjusted the days supply on insulin to allow for a 90-day supply to be filled.
- **Preferred Drug List**: Currently, all albuterol HFA inhalers and levalbuterol inhaler and nebulizer solution have been changed to preferred.
- **OTC Coverage**: Molina covers acetaminophen and cough suppressants containing guaifenesin and/or dextromethorphan.
- **TPL**: While the participant's primary insurance should still be billed, claims will no longer be subject to prior approval in situations where the primary does not pay due to a rejection or deductible requirement. Molina formulary prior authorization, age limits, and quantity limits still apply.

Have there been any changes to the Ordering, Referring, Prescribing (ORP) National Provider Identifier (NPI) Requirements?
Claims processing requirements with the Department of Healthcare and Family Services (HFS) regulations for the inclusion of the Ordering, Referring, and Prescribing National Provider Identifier (NPI) on required claims are being turned off for the duration of the crisis. Molina will provide an update once these requirements are turned back on.

What happens if a member is tested and the provider finds out they are positive for COVID-19?
Please notify Molina of any positive cases at CMescalationIL@molinahealthcare.com. Remember to send this communication via secure email to safeguard the privacy of the individual. Continued adherence to the HIPAA privacy and security rules is paramount.

Requirements for Medicare-Medicaid Plan (MMP) providers.
The following outlines key COVID-19 requirements and changes to Molina Medicare's business rules.
In partnership with you, we want to share key changes that Molina Healthcare (Molina) is making in response to the unprecedented COVID-19 crisis. The Centers for Medicare & Medicaid Services (CMS) issued, and continues to release, guidance for health care providers to follow during the national state of emergency, including special requirements for Medicare Advantage Organizations (MAOs) and MMP's[1] during a disaster or emergency related to Parts A/B and Supplemental Part C benefit access.

These changes must be uniformly provided to enrollees who are affected by the disaster or emergency (not limited to COVID-19 diagnosis/services).

Separate bulletins that summarize the MMP changes can be found on our COVID-19 Response page here molinahealthcare.com/providers/il/medicaid/comm/Pages/COVID-19.

We are documenting a verbal consent-to-treat. Have HIPAA regulations been relaxed to allow a verbal consent-to-disclose?
Many questions have come up specific to legal authority and the role of the HIPAA privacy rule regarding whether requested information can be disclosed (45 CFR Part 164). HIPAA may or may not apply to a health department, depending on whether it has any HIPAA-covered functions and how it is designated.

HIPAA prohibits the use and disclosure of identifiable health information, known as Protected Health Information (PHI), unless the rule requires or permits disclosure.

HIPAA also includes provisions that permit, but do not require, a HIPAA-covered entity to disclose PHI in certain instances, such as when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public (45 CFR 164.512(j)). The disclosure must be consistent with applicable law and standards of ethical conduct and made to a person or persons reasonably able to prevent or lessen the threat. A covered entity must make reasonable efforts to limit the information used or disclosed to that which is the "minimum necessary" to accomplish the purpose for the disclosure (45 CFR 164.502(b)).

Additional Illinois laws apply to the disclosure of information related to COVID-19 cases by LHDs, including but not limited to the Department of Public Health Act, 20 ILCS 2305/2.1 (regarding sharing with law enforcement for criminal or

[1] For MMP plans, this guidance only applies to Medicare services under a Molina MMP plan.

prosecution purposes) and the Communicable Disease Code, 77 Ill. Adm. Code 690 (regarding confidentiality of information that would identify patients).

dph.illinois.gov/covid19/community-guidance/LHD-disclosure

Quality-Related Questions

How can I document vitals for Telehealth appointments?

Continue maintaining an electronic record for each patient and document to the highest of your capability based on your interaction, including any assessments or treatment plans.

Reference: thenationalcouncil.org/wpcontent/uploads/2020/03/Telehealth_Best_Practices.pdf?daf=375ateTbd56

Does Molina reimburse for BP monitors, glucometers, scales, etc., during telehealth visits since vitals cannot be captured?

For Medicare-Medicaid members, we cover non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/ cold medicine, and bandages. The member gets $60 every three months to spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July, and October. Any dollar amount not used will carry over into the next three months. Be sure to spend all of it before the end of the year because it expires at the end of the calendar year. Shipping will not cost you anything. You do not need a prescription from your doctor to get OTC items. You can order by calling **(866) 420-4010**, online at MolinaHealthcareOTC.com, or through the mail. Refer to your OTC Product Catalog or call Member Services for more information and a complete list of OTC items.

For all members: Providers should review the DME Fee Schedule on our provider website for up to date information. Providers can locate all billing codes and prior authorization requirements for approved DME equipment. Glucose monitoring systems are available as a pharmacy benefit.

Molina Healthcare is monitoring COVID-19 developments daily. We will update you as things change and encourage you to monitor the CDC website: cdc.gov/coronavirus/2019-ncov/index.html

Additional COVID-19 Emergency and Disaster Guidance is published on the CMS website at the following link: cms.gov/files/document/hpms-memo-covid-information-plans.pdf

Questions

Providers with questions may contact their provider network managers or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. If you need help identifying your Provider Network Manager, visit Molina's Service Area page at molinahealthcare.com/providers/il/medicaid/contacts/pages/servicearea.aspx.