

COVID-19: State of Emergency Updates

Information for providers in all networks

As a result of the COVID-19 (Coronavirus) pandemic and related state of emergency declared on March 9, 2020 in Ohio, temporary guidance has been put in place across a variety of operational areas impacted by this crisis. There is some variation in guidance for each line of business, therefore Molina Healthcare of Ohio, Inc. (“Molina”) is providing the pertinent details for each Molina line of business during this state of emergency.

IMPORTANT NOTE: Molina has updated the April 8, 2020 State of Emergency Provider Bulletin. New information in this communication is underlined for quick reference. These updates are provided based on the most current information Molina has received. Molina will distribute additional updates as quickly as possible as new information is presented.

ESSENTIAL PROVIDERS

From all of us here at Molina, we would like to express our appreciation to our entire provider network for your tireless efforts to provide essential services and support the health, safety, and welfare of Molina members and their communities. A sincere thank you to our physicians, facilities, office staff, ancillary services providers (such as home delivered meals and pest control), and to all providers who are ensuring that patients have access to the critical resources they need during this public health crisis. For a complete listing of all essential services and employees go to <https://coronavirus.ohio.gov/static/DirectorsOrderStayAtHome.pdf>.

PRIOR AUTHORIZATIONS EXTENSION– EXISTING

For prior authorizations which have already been approved by Molina, it was previously communicated that these authorizations were extended to May 31, 2020. In light of further updates associated with the pandemic, an additional extension will be automatically applied to the end date of the approved authorizations currently on file. There is some variation by line of business for the length of the extension, as noted in the following table.

Molina Line of Business	Length of Extension
Medicaid	Sept. 30, 2020
MyCare Ohio – Medicaid	Sept. 30, 2020
MyCare Ohio – Medicare	Aug. 31, 2020
Medicare – Dual Eligible Special Needs Plan (D-SNP)	Aug. 31, 2020
Marketplace	Aug. 31, 2020

PRIOR AUTHORIZATIONS – NEW REQUESTS

For some lines of business, the prior authorization process has been temporarily relaxed during the state of emergency. The table on the next page provides any temporary changes by line of business during the state

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Questions?

Provider Services – (855) 322-4079
 8 a.m. to 5 p.m., Monday to Friday
 (MyCare Ohio available until 6 p.m.)

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

of emergency in Ohio; specifically, what services and devices will continue to require prior authorization. Please note, not all lines of business will have relaxed requirements.

The complete list of Current Procedural Terminology (CPT) codes which continue to require prior authorization are linked in the table below for the MyCare Ohio Medicare, Medicare DSNP and Marketplace lines of business. The Medicaid and MyCare Ohio Medicaid PA code list is posted to the Molina website. Codes requiring a PA during the COVID-19 state of emergency are documented with a black rectangle around the code in the updated Q2 PA Code List.

Molina Line of Business	Effective Date	Services and Devices Requiring Prior Authorization During the State of Emergency
Medicaid	March 27, 2020	<ol style="list-style-type: none"> 1. Pain pumps and related procedures 2. Out-of-state transplants 3. Miscellaneous codes (i.e. E1399) 4. Home health services after two weeks of services 5. Cosmetic procedures 6. Elective surgical and dental procedures 7. Investigational devices and procedures 8. Any mobility device exceeding \$5,600 9. Private Duty Nursing Services, including requests for additional hours after 90 calendar days 10. Durable Medical Equipment (DME) after an initial 90-day supply, unless one of the items listed in #1 through #8 above, then all DME requires prior authorization 11. Select prescribed drugs, specifically: long-acting opioids, Zolgensma, CAR-T Therapy, Exondys-51, Vyondys-53, Epidiolex, Spinraza, Luxturna, Cyrsvita, Tremfya, Trogarzo, Ilumya, Triptodur, Folutyn, Soliris, Blincyto, Lumizyme, Adakveo, Ultomiris, Acthar and Lemtrada <ul style="list-style-type: none"> • The Food and Drug Administration dosing limits may be utilized 12. Nursing Facility Stays will not require prior authorization; however, we will continue to require level of care determination in accordance with Ohio Administrative Code (OAC) rule 5160-3-08 <ul style="list-style-type: none"> • Concurrent nursing facility reviews to determine if nursing facility services are still necessary will continue, as appropriate <p>Note: INPATIENT HOSPITALS, NURSING FACILITIES, LTACH, REHABILITATION, HOME HEALTH AND WAIVER PROVIDERS: Provider should submit a member face sheet containing at least two member identifiers such as member name, date of birth, or Medicaid Identification (ID) number and date of admission. In addition, Molina will continue to collaborate with the provider for assistance with discharge planning. Provider should submit discharge date and disposition to most effectively integrate the Molina Transition of Care team and Care Managers for continued follow up with member.</p>
MyCare Ohio – Medicaid	March 27, 2020	
MyCare Ohio – Medicare	No Changes	<p>No Changes to Current Authorization List</p> <ul style="list-style-type: none"> • PA Form • PA Code List Effective April 1, 2020
Medicare – D-SNP	No Changes	<p>No Changes to Current Authorization List</p> <ul style="list-style-type: none"> • PA Form • PA Code List Effective April 1, 2020
Marketplace	No Changes	<p>No Changes to Current Authorization List</p> <ul style="list-style-type: none"> • PA Form • PA Code List Effective April 1, 2020

Molina will continue to monitor utilization and conduct retrospective reviews as appropriate and necessary.

Additional information is available for Medicaid and MyCare Ohio Medicaid providers on the Ohio Department of Medicaid (ODM) website at <https://medicaid.ohio.gov>, under the “Providers” drop-down select “COVID-19 Medicaid Emergency Actions” and view Appendix S. by selecting “[Ohio Medicaid Emergency MCP Provider Agreement Provisions.](#)”

UPDATE FOR INPATIENT/OUTPATIENT AUTHORIZATION PROCESS MEDICAID and MYCARE OHIO MEDICAID

After recent guidance and clarification provided by ODM in relation to the COVID-19 crisis, Molina has adjusted the Prior Authorization (PA) approach to align with ODM's recommendations. Molina has implemented these PA adjustments effective as of April 22, 2020 during the state of emergency in Ohio. There are three options for PA at this time:

1. Follow Normal PA Process: Provider continues to submit for authorization with supporting documentation. Provider can follow all Medicaid peer-to-peer, reconsideration and appeal rights per the standard process. After an authorization is determined following medical necessity review, providers cannot switch to option #2 or #3 upon concurrent review.
2. Administrative Authorization: Provider sends Utilization Management (UM) notification to receive an administrative authorization number in response. A minimum number of member demographics must be included when submitting for an administrative authorization including member name, date of birth or Medicaid ID number, diagnosis, and for inpatient admissions the date of admission and expected date of discharge. This option will be subject to a retrospective medical necessity review and associated claims takebacks as appropriate.
3. Bypass Prior Authorization: Provider has 365 days to submit the claim. The claim can be subject to a post-service medical necessity review and takebacks as appropriate.

Please Note: Molina UM requests providers notate “Option #1-Normal UM Review Process” or “Option #2-Administrative Authorization” on all prior authorization requests. Regardless of which choice you make at this time, Molina still highly encourages the submission of a discharge disposition in order to connect care management and transition of care with our member population.

Further guidance related to the three prior authorization options described above can be found on ODM's website at <https://medicaid.ohio.gov/COVID> under “Managed Care Plan Emergency Provisions” and “Ohio Medicaid Emergency MCP Provider Agreement Provisions.”

ENHANCED AMBULATORY PATIENT GROUPING (EAPG) CLAIMS PROCESSING DELAY

Information for Medicaid and MyCare Ohio Medicaid providers using UB04 Billing

Per the Ohio Department of Medicaid (ODM), the 3M Health Information Systems used to process certain inpatient and outpatient claims will not be updated with select COVID-19 and telehealth codes until the next release. Molina is requesting Medicaid and MyCare Ohio Medicaid facility providers using the UB04 billing form to hold claims until May 14, 2020 based on this feedback from ODM.

This includes:

- Inpatient claims with a U07.1 diagnosis code
 - Outpatient claims with a U07.1 diagnosis code are not impacted
- Outpatient hospitals for telehealth service codes 92606, 99241-99245, 99251-99255, 99421-99423, 99441-99443, 99457-99458, G0406-G0408, G0425-G0427, G2010, G2012 and Q3014
- Telehealth services Revenue Code 0780 (Telemedicine, General Classification) opened up for outpatient hospital service claims in addition to behavioral health service claims

Claims submitted prior to May 14 will be paid based on the current claim logic and an adjustment will be made after configuration has been completed.

LONG-TERM SERVICES AND SUPPORTS (LTSS) TOOLKIT

As part of the state's response to the COVID-19 pandemic, the Ohio Department of Aging and ODM worked together to create a toolkit to help provide guidance for providers of long-term health care services and supports (LTSS). The purpose of the LTSS Toolkit includes:

- Providing guidance from the Centers for Disease Control and Prevention (CDC) for Ohio providers of LTSS

- Ensuring members (those without COVID-19 and those who contract the illness) receiving LTSS get high-quality care
- Providing clear guidance for the health care delivery system as providers react to the COVID-19 crisis

To view the LTSS Toolkit visit <https://medicaid.ohio.gov/COVID> and under “Long-Term Services and Supports” select “COVID-19 LTSS Pre-Surge Planning Toolkit.”

TIMELY FILING OF CLAIMS

For some lines of business, the timely filing of claims has been extended during the state of emergency in Ohio. The table below indicates which lines of business have a timely filing extension, and the timely filing deadline granted while there is a state of emergency in Ohio.

Molina Line of Business	Effective Date	Timely Filing Deadline
Medicaid	March 27, 2020	365 calendar days from the date of service while there is a state of emergency in Ohio.
MyCare Ohio – Medicaid	March 27, 2020	365 calendar days from the date of service while there is a state of emergency in Ohio.
MyCare Ohio – Medicare	Not applicable	No change in the timely filing deadline, guidance not applicable to this line of business.
Medicare – DSNP	Not applicable	No change in the timely filing deadline, guidance not applicable to this line of business.
Marketplace	Not applicable	No change in the timely filing deadline, guidance not applicable to this line of business.

TELEHEALTH

The coverage of telehealth has been significantly expanded at this time to ensure access to needed health services while minimizing the risk of exposure to COVID-19.

Based on the Centers for Medicare and Medicaid Services (CMS) guidance, telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits and therapy services; which must be provided by a clinician who is allowed to provide the service. This applies to both new and established patients.

The current list of covered CPT Codes and related important information is published at the bottom of this communication and will be updated as changes are released. Please remember to continue including the appropriate place of service, modifier and correct coding applicable to the service and line of business.

Molina Line of Business	Effective Date	Telehealth Code List
Medicaid	March 9, 2020	Please refer to the OAC emergency rule 5160-1-21 and information on the ODM website at https://medicaid.ohio.gov by selecting “COVID-19 Medicaid Emergency Actions” under the “Providers” tab. View the “ Updated List of COVID-19 Telehealth Rules Frequently Asked Questions (Version 2) ,” the “ COVID-19 Telehealth Billing Desk Guide ” and the “ Telehealth Billing Guidelines During COVID-19 State of Emergency ” for additional information. Please note: the “Telehealth Billing Guidelines During COVID-19 State of Emergency” document does NOT apply to OhioMHAS-certified providers.
MyCare Ohio – Medicaid	March 9, 2020	
MyCare Ohio – Medicare	March 1, 2020	The full Telehealth Code List grid may be found at the bottom of this communication.
Medicare – D-SNP	March 1, 2020	
Marketplace	March 1, 2020	

COVID-19 TESTING AND TREATMENT

COVID-19 testing and treatment is a covered benefit without restriction and with no out-of-pocket amounts for Molina members across all lines of business.

NOTE: Claims must include the newly approved diagnosis code U07.1 for the claim to be paid without out-of-pocket costs. Pharmacy claims must have this diagnosis code on the prescription or entered at the point of sale.

The following testing codes are covered as of the effective date indicated below for all Molina lines of business and should be billed consistent with the description of the billing codes:

Molina Line of Business	Effective Date	Covered Billing Codes for Testing
Medicaid	Feb. 4, 2020	U0001 and U0002
	March 1, 2020	G2023 and G2024
	April 10, 2020	86328 and 86769
	April 14, 2020	U0003 and U0004
MyCare Ohio – Medicaid	Feb. 4, 2020	U0001 and U0002
	March 1, 2020	G2023 and G2024
	April 10, 2020	86328 and 86769
	April 14, 2020	U0003 and U0004
MyCare Ohio – Medicare	Feb. 4, 2020	U0001 and U0002
	March 13, 2020	87635
Medicare – D-SNP	Feb. 4, 2020	U0001 and U0002
	March 13, 2020	87635
Marketplace	Feb. 4, 2020	U0001 and U0002
	March 13, 2020	87635

COVID-19 LABORATORY SPECIMEN COLLECTION

Since Feb. 1, 2018, Molina has required laboratory specimens to be submitted to in-network clinical laboratories. Molina's preferred in-network clinical laboratory providers are LabCorp and Quest Diagnostics.

A COVID-19 Kit is often a swab test, utilized to determine or rule out a COVID-19 diagnosis. Official "COVID-19 Kits" are in high-demand; however, a "COVID-19 Kit" is not required to complete a test for the virus. Due to the Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA), clinics do not have to use the COVID-19 Kit to send samples for testing. Existing common supplies may be utilized to successfully complete a test. Many providers already have swabs and test tubes that are appropriate to conduct the COVID-19 test in stock, including:

Swabs:

- Sterile Dacron® or rayon swabs with plastic shafts
- Wire shaft swabs are acceptable
- Flocked swabs are preferred
- Do not use calcium alginate swabs, swabs with wooden shafts or swabs in bacterial culturette-type liquid or gel transports as they may contain substances that inhibit Polymerase Chain Reaction (PCR) testing
- NOTE: The stem/shaft must be flexible and long enough to collect the sample

Saline:

- Saline has been indicated by the FDA as an acceptable transport medium that can be used in situations where commercial viral transport media is unavailable

Viral Transport Media:

- 1mL or 3mL commercially available vials are acceptable
- NOTE: 1 mL vials are not preferred and should only be used when other vials are not available as the 1 mL of volume may result in “Quantity Not Sufficient” if repeat testing of a specimen is needed

For additional information on specimen capture for COVID-19 swab tests:

- **LabCorp:** Visit www.labcorp.com and select “Read more about COVID-19.” Using the drop-down menu select “Healthcare Providers” and select “[Update 3/12 – LabCorp COVID-19 Specimen Collection Guide \(Illustrated\)](#)” and under “What types of specimens are required for the testing” select the “[2019 Novel Coronavirus \(COVID-19\) Testing Q&A.](#)”
- **Quest Diagnostics:** Visit www.questdiagnostics.com. Select “What you need to know about COVID-19” then “For healthcare providers” and under “Streamlined test ordering” choose “Get Test Code Details & Resources” and under “FAQs” select “[Specimen Device Collection Guide](#)” under “How do I order appropriate supplies for COVID-19 testing?”

SEQUESTRATION

As part of the federal stimulus package, the Centers for Medicare and Medicaid Services (CMS) is suspending the current 2% sequestration on Medicare payments for the period of May 1, 2020 to Dec. 31, 2020. Molina will implement this new CMS requirement accordingly for the Medicare-DSNP and MyCare Ohio Medicare lines of business and payment rates impacted by sequestration for the time period of the suspension. Additional information will be shared upon further regulatory guidance from CMS.

HOSPITAL 20% ADD-ON PAYMENT

As part of the federal stimulus package, the Centers for Medicare and Medicaid Services (CMS) implemented a 20% increase to the weighting factor for each diagnosis-related group (DRG) for individuals discharged with a diagnosis of COVID-19 during the emergency period identified by the presence of the following ICD-10-CM diagnosis codes in any position on the claim:

- B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after January 27, 2020, and on or before March 31, 2020.
- U07.1 (COVID-19) for discharges occurring on or after April 1, 2020, through the duration of the COVID-19 public health emergency period.

Molina will follow CMS and apply the 20% increase to the weighting factor for the relevant diagnosis groups stated above for the applicable Medicare contracts while the increase is effective by CMS.

NOTIFYING PROVIDERS OF COVID-19 POSITIVE PATIENTS

At the direction of the ODM, Molina has implemented a communication protocol to alert providers actively treating patients/Molina members who have tested positive for COVID-19

NEW FREE OFFERING FOR PEDIATRIC PROVIDERS ON BH TELEHEALTH START-UP

Information for pediatric providers in the Medicaid, MyCare Ohio, Medicare and Marketplace networks

Project Extensions for Healthcare Outcomes (ECHO) is an interactive, case-based learning collaborative created to help providers acquire skills to manage children with behavioral health (BH) conditions presenting in primary care offices.

Children often use primary care providers (PCPs) for BH management and this may increase during the COVID-19 pandemic. To help practices address the impact of COVID-19 on staff, patients and practice management, Project ECHO will be offering a short series of “Practice Problem Solving” ECHO sessions. The ECHO BH COVID-19: Practice Problem Solving series is available from 1 to 2 p.m. on:

- May 13 – Practical Tips on Technology, Medications and so much more
- May 20 – Special Considerations for Impact of COVID-19 in BH Presentations

Each session will include the following activities:

- Submit a case or practice issue to present to the group and engage in interactive discussion
- Collaborate with the expert team in providing recommendations

Register at <https://redcap.nchri.org/surveys/?s=9C8AMTHKRA>.

PHARMACEUTICALS AND COVERAGE

Pharmacy requirements are also impacted during this crisis; which includes the relaxation of restrictions across various areas of the pharmacy benefit. As shared in our April 2020 Provider Bulletin, Molina’s Pharmacy Benefit Manager, CVS Health, has implemented changes for all Molina lines of business, specifically:

- Relaxing Refill Restrictions
- Encouraging Members to Refill Maintenance Medications
- Free Home Delivery from CVS Pharmacies

For additional information visit www.cvs.com/content/coronavirus for updates on COVID-19 as well as details on free delivery of prescriptions and other essentials from CVS.

At the direction of the ODM, Molina is implementing additional changes for the Medicaid lines of business to further relax restrictions.

Molina Line of Business	Effective Date	Areas of Change Include:
Medicaid	March 27, 2020	1. Refill thresholds reduced by 50% for controlled and non-controlled substances 2. Removal of out-of-pocket for all covered pharmacy services/medications 3. Coverage of pharmacist-dispensed emergency refills without a prescription 4. Allow a 14-day supply of acute opioid prescriptions for individuals that may be quarantined <ul style="list-style-type: none"> • The patient’s medical record must include documentation on the need for opioid verses non-opioid medication
MyCare Ohio – Medicaid	March 27, 2020	5. Allow dispensing of up to a 30-day supply of <u>covered</u> over-the-counter medications without a prescription 6. Waive requirement for signatures for prescription pick-up 7. Cover pharmacy compounding in accordance with the Automatic Exemptions to Ohio Revised Code (ORC) 4729-16-10 and Expanded Definitions of Drug Shortages released by the Ohio Board of Pharmacy
MyCare Ohio – Medicare	No additional changes at this time.	Not applicable
Medicare – D-SNP		
Marketplace		

COVID-19 RESOURCES

The Ohio Department of Health (ODH), Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have developed a broad range of resources and information about COVID-19, please feel free to visit:

- ODH: Coronavirus website at <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/>
- CDC: Coronavirus website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- WHO: Coronavirus website at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

MOLINA MEMBER COVID-19 RESOURCES

Providers can always point Molina members to our website for information and resources. In addition to the member [“Molina Healthcare Monitoring Coronavirus”](#) resources page, any visitor can access the Molina Coronavirus Chatbot. The Chatbot is an online application where members can ask questions about Coronavirus and receive quick information or guidance, as well as take a basic health assessment to check symptoms.

TELEHEALTH CODE LIST BY LINE OF BUSINESS

Applies to Medicare, MyCare Ohio Medicare and Marketplace Telehealth during State of Emergency Effective 3/1/2020									
Important Notices All Place of Service Codes are acceptable. Regular billing practices and national correct coding guidelines apply. Professionals may bill POS 02 to indicate telehealth or bill the standard POS as if face-to-face (such as POS 11) along with modifier 95 to indicate telehealth. Billing of telehealth with POS 02 will result in a site of service payment differential. Facilities should bill the GT Modifier for billing codes included in this grid. Additional codes may be added to the list. This list is current as of 4/8/2020.									
Telehealth Services									
77427	90955	96116	97116	99204	99234	99316	99406	G0270	G0446
90785	90957	96130	97161	99205	99235	99327	99407	G0296	G0447
90791	90958	96131	97162	99211	99236	99328	99468	G0396	G0459
90792	90959	96132	97163	99212	99238	99334	99469	G0397	G0506
90832	90960	96133	97164	99213	99239	99335	99471	G0406	G0508
90833	90961	96136	97165	99214	99281	99336	99472	G0407	G0509
90834	90962	96137	97166	99215	99282	99337	99473	G0408	G0513
90836	90963	96138	97167	99217	99283	99341	99475	G0420	G0514
90837	90964	96139	97168	99218	99284	99342	99476	G0421	G2086
90838	90965	96156	97535	99219	99285	99343	99477	G0425	G2087
90839	90966	96168	97750	99220	99291	99344	99478	G0426	G2088
90840	90967	96159	97755	99221	99292	99345	99479	G0427	
90845	90968	96164	97760	99222	99304	99347	99480	G0436	
90846	90969	96165	97761	99223	99305	99348	99483	G0437	
90847	90970	96167	97802	99224	99306	99349	99495	G0438	
90853	92507	96168	97803	99225	99307	99350	99496	G0439	
90951	92521	96160	97804	99226	99308	99354	99497	G0442	
90952	92522	96161	99201	99231	99309	99355	99498	G0443	
90953	92523	97110	99202	99232	99310	99356	G0108	G0444	
90954	92524	97112	99203	99233	99315	99357	G0109	G0445	

**Applies to Medicaid and MyCare Ohio Medicaid
Telehealth during Ohio State of Emergency
Effective 3/9/2020**

For the most current list of covered telehealth services procedure codes visit the ODM website at <https://medicaid.ohio.gov> and under the “Providers” tab, select “COVID-19 Medicaid Emergency Actions” and then “**Telehealth Billing Guidelines During COVID-19 State of Emergency**”

Please note: the “Telehealth Billing Guidelines During COVID-19 State of Emergency” document does NOT apply to OhioMHAS-certified providers.