

## **Provider Bulletin**

These bulletins are how we communicate procedures, reminders and other information to our valued Molina Complete Care (MCC) providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on MCCofVA.com.

### Update on Medicaid coverage of services during the state of emergency

We understand that as our provider partners rally to serve our members during this challenging time, you may have questions concerning potential changes in operational procedures in response to the COVID-19 virus. This notice will address several frequently asked questions (FAQs) on this topic.

MCC follows the most recent guidance issued by the Virginia Department of Medical Assistance Services (DMAS). Please see the DMAS website for their most up-to-date posted materials: <u>https://www.dmas.virginia.gov/#/emergencywaiver</u>. All links in this document were current as of April 1, 2020.

### What flexibilities will MCC allow for service authorization requests and service provision requirements for COVID-19 testing and treatment?

- MCC will follow the most recently released DMAS guidelines for relaxed requirements.
- Relaxed requirements will apply to COVID-19 diagnostics, in person treatment and telehealth treatment for both in-network and out-of-network providers.
- Please see the DMAS memo titled "Provider Flexibilities Related to COVID-19" at https://www.dmas.virginia.gov/#/emergencywaiver.

### Will MCC's hours of operation change during the pandemic response?

- Hours of operation will remain the same for all MCC teams including Utilization Management and Customer Service.
- MCC will monitor call and authorization request volume and consider additional resources or schedule changes in response to need. We will notify providers of any changes via email. You can also find copies of these notices posted on <u>MCCofVA.com</u>.

### How will MCC ensure that claims payments remain consistent and timely during this time?

- MCC has executed our pandemic/disaster plan. We do not foresee any untimely payments specifically related to the pandemic response.
- Providers experiencing claim issues should contact MCC at 1-800-424-4524 (TTY 711).

### What codes should providers use for billing COVID-19 testing?

- U0001 CDC testing laboratories to test patients for COVID-19
- U0002 non-CDC testing for COVID-19

#### How should providers bill for services related to COVID-19?

- MCC will follow the most recently released DMAS guidelines for COVID-19-related billing.
- Please see the DMAS memo titled "Provider Flexibilities Related to COVID-19" at <a href="https://www.dmas.virginia.gov/#/emergencywaiver">https://www.dmas.virginia.gov/#/emergencywaiver</a> and the Official Coding Guidelines from the Centers for Disease Control (CDC): <a href="https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf">https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf</a>.

#### How will MCC handle coverage and billing for telehealth services?

- MCC will follow the most recently released DMAS guidelines for telehealth services. Current guidance relaxes platform requirements for provision of telehealth.
- Telehealth modifiers
  - o GT-interactive audio and video telecommunications system
  - o GQ—synchronous telecommunications system
- Telehealth place of service (POS) code
  - POS (02)
- For more about telehealth coverage and billing guidelines, please see these sections in the DMAS memo titled "Provider Flexibilities Related to COVID-19" at https://www.dmas.virginia.gov/#/emergencywaiver
  - Attachment A, Table of Codes for Telehealth
  - o Coverage of Targeted Services Delivered Via Telehealth

# Will MCC allow a provisional participation status for providers who have submitted credentialing applications but are not yet approved? In particular, what can be done for practitioners who are returning to the workforce to help with the pandemic response after retiring or another break from active practice?

 Provisional status will not be necessary. MCC will default to 100% of Medicaid rates for nonparticipating providers.

Thank you for all you are doing to help our members during this challenging time.