

Provider FAQ: COVID-19

Telehealth

Q: Does WEA Trust and Health Tradition cover telehealth services rendered by network providers?

A: Video conferencing, Telemedicine, or Telehealth Services are covered under the health plan policies if they are provided in a manner that allows verbal and visual interaction between the physician and patient.

Update 10/1/2020: With the unfortunate increase in COVID-19 positive cases throughout the State of Wisconsin and the flu season upon us, WEA Trust has made the decision to continue to cover the following services until further notice:

Telephone encounters for the following services:

- Outpatient Mental Health Services
- Autism Services and/or Therapy

Virtual Telehealth encounters for the following services:

- Occupational Therapy, Physical Therapy or Speech Therapy Services
- Skilled Nursing Visits

Home Visits for the administration of a pediatric immunization along with the pediatric preventive visit or well visit.

Telehealth services must be performed by a licensed in-network health care provider. Telehealth services are not covered when received out of network.

Telehealth CPT and HCPC codes are not covered, when billing for covered telehealth services please use the CPT code for the appropriate service along with the correct telehealth modifier (95, GQ, GT). Place of service 02 can be used but is not required if you use the correct telehealth modifier. In addition, we will pay for the facility fee identified by HCPC code Q3014.

We do not cover E-Visit or Virtual Check-In services.

Preauthorization still applies for services that require preauthorization yet are now performed as a telehealth visit (i.e. physical therapy).



COVID-19 Testing

Q: Are we ready to accept HCPC Codes U0001, U0002, U0003 and U0004?

A: Yes, we are ready to accept these codes.

Q: Is there any member cost sharing for HCPC Codes U0001, U0002, U0003 and U0004?

A: No, member cost sharing will not be applied to the testing and the office visit associated with the testing. This includes all High Deductible Health Plans.

Q: Is coverage of HCPC Codes U0001, U0002, U0003 and U0004 based on date of service?

A: These codes are effective as of the date established by the Centers for Medicare & Medicaid Services (CMS) and coverage will be based on date of service.

Q: Are we ready to accept CPT Codes 86328, 86769 and 87635?

A: Yes, we are ready to accept these codes. We cover antibody testing when the test has been approved by the FDA.

Q: Is there any member cost sharing for CPT Codes 86328, 86769 and 87635?

A: No, member cost sharing will not be applied to the testing and the office visit associated with the testing. This includes all High Deductible Health Plans.

Q: Is coverage of CPT Codes 86328, 86769 and 87635 based on date of service?

A: These codes are effective as of the date established by the Centers for Medicare & Medicaid Services (CMS) and coverage will be based on date of service.

Q: Will there be a medical policy regarding COVID-19 coverage of testing, treatment and isolation?

A: Yes, the COVID-19 medical policy is available on our website on the Provider page. Please follow all current preauthorization guidelines, including review of all inpatient admissions.

Q: I have a patient scheduled for an elective surgery and authorized for a specific date, but we will be rescheduling, do I need to update my authorization?

A: Yes, once the new date has been established please submit and Express Request through the Maddy portal. Please include the authorization number and the new scheduled date and the authorization will be updated accordingly.

COVID-19 Provider Questions

Q: Will you cover COVID-19 related services for your members (both fully insured and therefore regulated by State of WI OCI and your self-funded members regulated by Federal ERISA regulations) including:

- Quarantine – again whether patients end up testing positive or negative.

A: Inpatient isolation would be covered if medically necessary. The criteria for this are listed in our COVID-19 medical policy.

- **Relaxation of any site of service restrictions as providers attempt to expand capacity and limit exposure for COVID 19 and nonCOVID-19 patients.**

A: We already cover video conferencing telemedicine if it is provided in a manner that allows verbal and visual interaction between the physician and patient. In addition to this, we are now covering mobile sites and an have expanded our telehealth coverage to include telephonic visits with mental health providers and virtual visits for physical therapy, speech therapy and occupational therapy.

- **Will you cover alternative care options for your members that are not being seen/treated for COVID-19 in order to preserve capacity for COVID-19 patients.**

A: We cover video conferencing telemedicine if it is provided in a manner that allows verbal and visual interaction between the physician and patient. In addition to this, we are now covering mobile sites and an have expanded our telehealth coverage to include telephonic visits with mental health providers and virtual visits for physical therapy, speech therapy and occupational therapy.

- **Will you be waiving patient out of pocket associated with COVID-19 services?**

A: There will be no member cost sharing (co-pay, coinsurance, deductible) applied to the test and office visit associated with the test. All other services will apply cost sharing per the members plan.

Out of network providers only with authorization?

A: We are waiving member cost sharing (co-pay, coinsurance, deductible) for the testing and associated office visit. Preauthorization is not required. Payment will be based on the Maximum Allowable Fee according to the members plan if the service is provided by an out of network provider.

Q: Will you relax the board eligibility requirements under a delegated credentialing agreement where the WI Medical Examining Board has granted an unrestricted license?

A: Yes, as long as the individual provider is covered under a delegated credentialing agreement.

Q: Timely decision making is essential to responding appropriately to COVID-19, and it is particularly important with respect to requests for prior authorization. Will you either expedite or waive prior auth requirements related to COVID-19 treatment?

A: We will not require preauthorization for COVID-19 testing. Preauthorization will be required in the event of the need for inpatient admission.

Q: For non COVID-19 elective services that are postponed due to COVID-19 needs, will you extend existing prior authorizations through the end of the year or longer to accommodate rescheduling needs and so that rework on these authorizations is unnecessary?

A: We will not be extending authorizations through the end of the year. We understand that many elective services are being re-scheduled. Once the new date is established please send the updated date by submitting an Express Request through the Maddy portal. Please include the member ID, authorization number and changed information.

Q: COVID-19 prior authorizations/referral and other requirements have the potential to overwhelm providers' capacity to manage typical administrative requirements. Will you consider expediting, relaxing or waiving administrative requirements for other care services during the anticipated COVID-19 patient surge? This is including extending timeframes for notice requirements for emergent admissions for both COVID-19 and other care services.

A: At this time, we have decided to not change our preauthorization requirements or processes. This is, of course, subject to change in the future if necessary.

Q: Will you suspend/waive/relax medical necessity review and denials related to COVID-19 related services?

A: At this time, we have decided not to change our preauthorization requirements or processes. This is, of course, subject to change in the future if necessary.

Q: Will there be any changes in the prior authorization process? Can they still be submitted?

A: At this time, we have decided to not change our preauthorization requirements or processes. This is, of course, subject to change in the future if necessary. Authorization requests should continue to be submitted.

Q: What about UM functions? Will nurses be available?

A: Our entire organization has moved to remote work and at this time we are fully staffed and continue to perform UM functions.

Q: Will provider enrollment timeframes be affected?

A: Not currently. If this changes, we will communicate with all our provider partners.

Q: Will claims continue to be processed? Do you expect any delays?

A: Yes, we continue to process claims as normal and we are not expecting any delays at this time.

Q: To accommodate the COVID-19 National Emergency, we may be temporarily closing small centers and relocating providers to high volume campuses. Providers may be assisting at locations that may not have been previously communicated on delegated credentialing rosters for that specific provider. We are asking our payor partners to accommodate claim processing and open up all of our Tax IDs and NPIs to all providers during this state of emergency.

A: We are able to accommodate this, if the provider and/or location are already affiliated with the provider system there is no need to submit any additional information to us.

Q: Is there coverage for HCPC Codes P9603 and P9604 (travel expense when a pick-up service is included)?

A: No, these codes are not covered.

Q: Is there coverage for COVID-19 testing administered at the employer's premises?

A: No, we will not be covering tests performed in this setting.

Q: Is there coverage for employee screening services such as taking temperatures and screening for symptoms on the employer's premises?

A: No, we will not be covering this type of service.

Q: Will the signature and proof of delivery requirements of DME and Medications be waived due to the inability to obtain signatures due to COVID-19?

A: Yes, we will waive the proof of delivery requirements during this time.

Q: Will home health visits for pediatric preventive visits and immunizations be covered? Is preauthorization required?

A: Home health services for the administration of a pediatric immunization along with the pediatric preventive visit will be covered when performed by an in-network provider. Pediatric preventive visits alone, without an immunization are not covered. Preauthorization is not required.

Q: Will COVID-19 testing performed at mobile sites be covered?

A: Yes, these tests will be covered at mobile sites.