PROVIDER BULLETIN No. 20-06

NEBRASKA
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To:	All Providers Participating in Nebraska Medicaid Program
From:	Jeremy Brunssen, Interim Director Division of Medicaid & Long-Term Care
Date:	March 17, 2020
Re:	Medicaid COVID-19 Provider Bulletin

Nebraska Medicaid is committed to ensuring our beneficiaries continue to receive Medicaid services while limiting interruptions or delays due to the novel coronavirus (COVID-19). In order to do so Nebraska Medicaid is temporarily modifying certain policies and expanding coverage to include additional forms of clinical services. These services may be billed retrospective to March 1, 2020. These changes are to facilitate access for patients experiencing COVID-19 symptoms and to limit close contact for routine care, particularly for individuals at higher risk of severe illness. It is critically important for our health care workforce be able to provide care in alternative ways due to prolonged quarantines following exposures.

Nebraska Medicaid is working closely with local, state, and federal partners to monitor the unfolding situation regarding COVID-19. Additional information regarding Nebraska Medicaid policies about COVID-19 will be shared through future Provider Bulletins.

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

DHHS has a dedicated COVID-19 web page at: http://dhhs.ne.gov/pages/Coronavirus.aspx

CDC's dedicated page is available at: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Any provided service must be a medically necessary covered service, documented, and billed by a provider who is enrolled with Nebraska Medicaid at the time of service. For additional questions please contact below:

Nebraska Medicaid Provider email for questions: DHHS.MLTCExperience@nebraska.gov

For questions for the managed care organizations:

Nebraska Total Care Provider Service: 1 (844) 385-2192

UHCCP Provider Service: (866) 331-2243 or Nebraska_PR_Team@uhc.com

WellCare: 1 (855) 599-3811

Telephone Patient Communications: Temporary Services

Until further notice, Nebraska Medicaid is offering reimbursement for telephonic evaluation and management for the following beneficiaries seeking care when they are already an established patient or the parent or legal guardian of an established patient:

- Beneficiaries who are actively experiencing mild symptoms of COVID-19 (fever, cough, shortness of breath) prior to going to the emergency department, urgent care, or other health care facility;
- Beneficiaries who need routine, uncomplicated follow up and who are not currently experiencing symptoms of COVID-19; and,
- Beneficiaries requiring behavioral health assessment and management.

The following telephonic evaluation and management services must be rendered by a qualified health care professional, defined as a physician, nurse practitioner, or physician assistant actively enrolled in Nebraska Medicaid at the time of service. Telephonic evaluation and management by staff other than those listed should not be submitted for reimbursement and will not be reimbursed. Services are to be rendered only to established patients, and parents or legal guardians of established patients.

The following code must be used to report telephonic patient communication for beneficiaries who are actively experiencing mild symptoms of COVID-19 (fever, cough, shortness of breath) prior to going to the emergency department, urgent care or other health care facility:

- G2012: Brief communication technology-based service; for example, virtual or telephone communication by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days or not leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

The following patient communication codes must be used to report telephonic evaluation and management for beneficiaries who need routine, uncomplicated follow up for chronic disease or routine primary care and who are not currently experiencing symptoms of COVID-19. The services must be rendered by a physician, nurse practitioner, or physician assistant:

- 99441: Telephone evaluation and management service by a physician, nurse practitioner, or physician assistant who may report evaluation and management (E/M) services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion;
- 99442: Telephone evaluation and management service by a physician, nurse practitioner, or physician assistant who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion; and,
- 99443: Telephone evaluation and management service by a physician, nurse practitioner, or physician assistant who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service

or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

The following codes must be used to report behavioral health telephonic assessment and management by an enrolled behavioral health provider for care that is part of an existing treatment plan:

- 98966: Telephone assessment and management service provided by an enrolled behavioral health provider to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion;

- 98967: Telephone assessment and management service provided by an enrolled behavioral health provider to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion; and,

- 98968: Telephone assessment and management service provided by an enrolled behavioral health provider to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Federally Qualified Health Centers and Rural Health Centers

The Centers for Medicare & Medicaid Services has determined that Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) can receive at the rate specified by the code below for virtual communication services when at least 5 minutes of communication technology-based or remote evaluation services are furnished by an FQHC or RHC practitioner to a patient who has had an FQHC or RHC billable visit within the previous year, **and** both of the following requirements are met:

- The medical discussion or remote evaluation is for a condition not related to an FQHC or RHC service provided within the previous 7 days, **and**

- The medical discussion or remote evaluation does not lead to an FQHC or RHC visit within the next 24 hours or at the soonest available appointment.

FQHCs and RHCs must use the following code for virtual patient communication for beneficiaries who are actively experiencing mild symptoms of COVID-19 (fever, cough, shortness of breath) prior to going to the emergency department, urgent care, or other health care facility:

- G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (not face-to-face) communication between an FQHC or RHC practitioner and a FQHC or RHC patient.

Home Health Visits: Existing Policy

Medicaid has existing clinical policies to reimburse for home health visits especially for those who are most vulnerable. Providers are encouraged to follow their agency protocols and CDC guidelines for personal and beneficiary safety.

ICD-10 Diagnosis Codes

ICD-10 diagnosis codes may be reported for Coronavirus Virtual Patient Communication and Telephonic Evaluation and Management codes include those below, and providers should follow diagnosis coding directions that are listed in the most recent ICD-10 manuals:

- If the visit is for COVID-19 symptoms and actual exposure to other viral communicable disease or COVID-19: Z20.828; and
- If the visit is for COVID-19 symptoms and suspected exposure to other viral communicable disease or COVID-19: Z03.818.

Pharmacy: Temporary One-time Early Refill

Recommendations for social distancing in response to the COVID-19 present situations in which Nebraska Medicaid beneficiaries may benefit from an early refill of their prescription medications. Nebraska Medicaid will allow for a one-time early refill of medications.

To allow for override, you must do the following:

- Fee-For-Service patients contact Magellan call center or use SCC override code 13;
- Wellcare of Nebraska patients use SCC override code 13;
- Nebraska Total Care patients use SCC override code 13; and,
- UnitedHealthcare Community Plan patients no override code required

- **Note that these edit changes do not apply to Schedule II controlled substances.** Providers must continue to follow all applicable state and federal laws and regulations for controlled substances.
- These override codes will bypass refill too soon edits only. Claims may reject for existing safety edits, such as high dosage limits.

Fee-for-service Magellan Medicaid call center contact: 1-800-241-8335 or https://nebraska.fhsc.com/contacts.asp

Nebraska Medicaid pharmacy reference guide provides MCO pharmacy contact information: http://dhhs.ne.gov/Documents/Heritage%20Health%20Pharmacy%20Guide.pdf

Providers may submit information related to market shortages of medications directly to Medicaid staff at: DHHS.MedicaidPharmacyUnit@Nebraska.gov.