

April 2, 2020

Dear Prevea360 Health Plan Provider:

Thank you for providing high-quality services to our members during the rapidly evolving novel coronavirus (COVID-19) public health emergency. We will release a notification every Thursday to keep you informed of new and updated interim COVID-19 health plan policies to support our members and you during this time. We will communicate urgent information quickly outside of these weekly notifications, should the need arise.

This notification contains information regarding:

- Waiver of Medicare's three-day inpatient hospital requirement for Skilled Nursing Facility (SNF) admissions when the qualifying hospital stay is related directly to COVID-19.
- Waiver of certain requirements for durable medical equipment (DME) replacement.
- 90-day supply for medical supplies.
- Reporting site closures and physician/practitioner redeployments.
- Additional telemedicine codes.
- Dean Health Plan Administrative Services Only (ASO) self-funded employer groups' telemedicine coverage.

### **Three-Day Inpatient Hospital Rule Waiver for SNFs When Related to the Public Health Emergency**

The Centers for Medicare & Medicaid Services (CMS) is offering 1135 waiver authority flexibility to help healthcare providers combat and contain the spread of COVID19. In alignment with the CMS [COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#), Prevea360 Health Plan is temporarily waiving Medicare's three-day inpatient hospital qualifying stay requirement prior to an approved SNF stay. **This applies only to cases related directly to COVID-19.**

This waiver does not apply to all Medicare beneficiaries—only those “affected by the emergency” as in the following examples:

- Members evacuated from a nursing home in the emergency area.
- Members discharged from a hospital (emergency department or receiving locations) so that practitioners can provide care to more seriously-ill patients.
- Members who need SNF care as a result of the emergency, regardless of whether they were in a hospital or nursing home prior to the emergency.

Prior authorization is still required. SNFs will be required to provide supporting documentation as to why our member qualifies for the CMS waiver when requesting authorization from our Utilization Management team.

### **DME Replacement**

The CMS 1135 waiver authority also allows flexibility related to DME replacement when DME prosthetics, orthotics, and supplies are lost, destroyed, irreparably damaged, or otherwise

rendered unusable. Effective immediately, Prevea360 Health Plan is temporarily waiving the following DME replacement requirements across all products:

- Face-to-face visit
- New physician order
- New medical necessity documentation
- Signature and proof of delivery requirements

Suppliers are still required to include a narrative on their claims explaining why the equipment was replaced and maintain documentation indicating that the DME was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

### **Medical Supplies**

Prevea360 Health Plan is temporarily changing our current medical benefits requirement for medical supplies from a 30-day supply to a 90-day supply across all products to avoid a disruption in supply. An approved prior authorization is still required. The 'From' and 'To' dates on the claim should reflect the span of dates for which the supplies are to be used.

### **Reporting Site Closures and Physician/Practitioner Redeployments**

Please immediately notify your Provider Network Consultant of any site closures or redeployment of physicians/practitioners to other locations. We are monitoring network adequacy during the present COVID-19 public health emergency and know that many of our participating providers are making hard decisions regarding best use of physician/practitioner resources to meet the demands of this pandemic. We are asking for this information to ensure that we are updating internal records to facilitate accurate and timely benefits and claims administration.

### **Additional Telemedicine Codes**

Prevea360 Health Plan's coverage of COVID-19 telemedicine services is being expanded to include the [85 additional services temporarily added by CMS](#). In alignment with CMS guidance, these temporary services should be billed with the Place of Service (POS) equal to what would have been billed if not for the public health emergency. Modifier 95 should be appended to indicate that the service rendered was actually performed via telehealth. Traditional telehealth services on the CMS list should continue to be billed with POS '02'.

In addition, CPT codes 99441, 99442, and 99443 (non-face-to-face telephone services) have been added for all Prevea360 Health Plan products. Other telephone-service codes include 98966, 98967, 98968 (qualified non-physician providers) and G2010 (remote evaluation of recorded video or image) and G2012 (Brief communication technology-based service, e.g., virtual check-in). Standard coding and billing rules apply, although, rules surrounding the use of codes for "established patients" only, have been relaxed.

These codes expand the list of approved telemedicine codes published in our March 18<sup>th</sup> telemedicine communication.

Providers should continue to only bill codes that are on their fee schedules. If you need assistance verifying the codes on your fee schedule or have specific questions on allowable

codes other than those listed within our guidelines, please contact your Provider Network Consultant.

Expanded telemedicine coverage is effective for dates of service on and after March 6, 2020 and will remain in effect until further notice.

**ASO Self-Funded Employer Groups Telemedicine Coverage**

All Dean Health Plan ASO self-funded employer groups have opted to follow the health plan's interim telemedicine coverage, including the SSM Health Employee Health Plan. Please call the Customer Care Center at 877-234-4516 with any questions.

**Additional Health Plan Information**

For additional health plan information and previous provider communications, refer our [COVID-19 provider information web page](#) linked located from the [Provider Resources page](#). Providers are encouraged to check our website regularly for new and updated information.

Please contact your assigned Provider Network Consultant with any questions.

Thank you again for your continued care of our members.

Sincerely,



Loretta A. Lorenzen  
Vice President- Network Management & Contracting