

Medica COVID-19 Response Provider FAQ

For the latest health care news and guidance on this topic, [refer to the CDC website](#).

Is Medica suspending requirements like prior authorization to help provider offices? (New 4/1/20)

Yes, in certain situations we are suspending administrative requirements. For instance, recently Medica temporarily waived prior authorization for post-acute care settings due to the COVID-19 crisis. The following two temporary changes apply for all Medica members and are effective from April 2, 2020, through May 31, 2020, dates of service.

1.) We are suspending prior authorization requirements to a post-acute care setting, so no prior authorization is needed for admission to the following facilities:

- Long-term acute care (LTAC)
- Acute inpatient rehabilitation (AIR)
- Skilled nursing facilities (SNFs)
- Home health care

Our intent is to open hospital beds for those critically ill. Consistent with existing policy, the admitting provider should continue to notify Medica within 48 hours, and length-of-stay reviews still apply, including denials for days that exceed an approved length. Concurrent review will also continue.

2.) Any repair or replacement of durable medical equipment (DME) will not require a new physician's order, face-to-face visit or medical necessity documentation. These are still required, however, for new equipment requests.

These measures are intended to be temporary. Coverage continues to follow each Medica member's benefits. Medica continues to review its policies and procedures during the COVID-19 crisis. We are adjusting processes to reduce administrative burden for physicians and facilities, and to help our members access the care they need as easily as possible.

Is Medica reviewing/updating its telehealth policies for greater flexibility? (As of 3/26/20)

Yes. In accordance with new guidance from the Centers for Medicare and Medicaid Services (CMS) and various state actions, Medica has made temporary changes to two existing reimbursement policies that address telehealth. These changes expand the code lists for payment to make it easier for providers to provide services remotely during the current COVID-19 pandemic. Changes apply immediately for all Medica members and are retroactive to March 6, 2020, dates of service. Coverage continues to follow each Medica member's benefits. Medica's updated [reimbursement policies](#) are:

- Emergency Telemedicine Reimbursement Policy (Excluding MHCP)
- Emergency Telemedicine Reimbursement Policy (MHCP)

In addition, Medica has the following related coverage policies and reimbursement policy, which are currently under review (we will notify providers if anything changes):

- Telemedicine Services Coverage Policy
- Virtual Care Coverage Policy
- Telephone Services Reimbursement Policy

Given the current COVID-19 pandemic and the need to provide additional access and care for members, Medica is continually reviewing its policies to ensure clarity of requirements and to meet changing needs. Medica is covering telehealth services to ensure access to care while reducing the opportunities for disease transmission. As an example of a change to allow more remote care for the duration of the Emergency policies above, Medica is temporarily waiving site restrictions so members can be located at home to receive telehealth services, as well as allowing audio-visual applications such as Skype and FaceTime to be used for telehealth visits. The Emergency policies are intended to be temporary: They are in place through May 31 and may be extended through the end of the Public Health Emergency.

How is Medica responding to the new federal mandate for covering COVID-19 tests? (As of 3/20/20)

*A new federal law includes important coverage changes. Medica has reviewed its reimbursement provisions for lab testing and has determined that in order to meet newly required mandated benefit levels, we are implementing an emergency reimbursement policy to pay **fixed rates for all** COVID-19 diagnostic testing to all providers, whether in Medica's network or not. In order for all Medica members to have the same access and experience with all providers with respect to COVID-19 lab tests, we're making the following change: Effective for dates of service on and after February 4, 2020, Medica will reimburse contracted and non-contracted providers for COVID-19 testing as follows:*

- HCPCS U0001: \$35.92 per test
- HCPCS U0002: \$51.33 per test
- CPT 87635: \$51.33 per test

*These reimbursement rates are based upon rates that were recently announced by the Centers for Medicare and Medicaid Services (CMS) for COVID-19 testing. Providers should hold claims related to laboratory diagnostic tests for COVID-19 and submit **on or after 4/1/2020**. By submitting a claim to Medica for COVID-19 testing, providers acknowledge that the above amounts will be accepted as payment in full for each COVID-19 test performed, and that they will not seek additional reimbursement from members. Network clinics and facilities will continue to be reimbursed for all other covered health services in accordance with their contracts.*

What about member cost-sharing for office visits and other health services related to coronavirus (COVID-19) testing? (As of 3/20/20)

For the duration of the national emergency declaration noted above, Medica is waiving cost-sharing for in-network COVID-19 diagnostic testing and office visits, urgent care, and ER visits affiliated with the diagnostic testing. This coverage change applies to Medicare Advantage, Medicaid, self-funded groups, fully insured groups and individual health insurance coverage. Medica is currently assessing the requirements of this new law and will provide further updates when we have more information.

Do you foresee any issues from COVID-19 that could disrupt operations for claims payments? (As of 3/20/20)

Medica has a solid business continuity plan in place to include claim operations. No business disruptions have been encountered thus far. Medica's Claim Operations staff is primarily working remotely in the interest of their safety and to ensure existing service levels. If there are any significant changes or disruptions in service, Medica will communicate them through Provider Alerts, as we do today.

How is Medica preparing to process claims in a timely manner in light of possible staff shortages? (As of 3/20/20)

Over 80% of Medica's claims are auto-adjudicated. For claims requiring manual review, Medica has implemented remote/home-based processing capabilities for the well-being of our staff and to ensure consistency in service. At this point, we don't anticipate that our capacity will see a dramatic impact. In the unlikely event that there is a significant change to claim turn-around times, Medica will send out a Provider Alert notifying the provider network, as we do today.

What other claim filing or processing implications does Medica anticipate? (As of 3/20/20)

This is an unprecedented situation and we continue to adjust to changing conditions. Where possible, Medica encourages providers to utilize electronic claim and correspondence submission processes to avoid the need for manual intervention. Over 80% of Medica's claims are auto-adjudicated. We don't anticipate that our ability to adjudicate electronic claims will be dramatically affected. Manual claim processing could slow if volumes increase. In the unlikely event that there is a significant change with an impact on claim filing or processing procedures, Medica will send out a Provider Alert notifying the provider network, as we do today.

Will claim processing requirements be uniform across business segments and vendors? (As of 3/20/20)

Yes. Medica has worked closely with internal and external stakeholders and vendors to ensure pandemic plans are in place to create a uniform experience for providers and members. In the unlikely event that there is a significant change, Medica will notify the provider network.

Will Medica extend timely filing deadlines? (As of 3/20/20)

At this time, there's no plan to extend timely filing deadlines. However, we're mindful of the rapid changes occurring daily, so we're closely monitoring all COVID-19 related updates. Our standard processes, policies and procedures across all network plans and lines of business continue to apply. Any changes or updates will be posted on our provider website as quickly as possible.

Will Medica cover treatment of COVID-19? (As of 3/10/20)

At this time, there is no specific antiviral treatment or vaccine for COVID-19. People should receive care from their doctor to help relieve symptoms as they would other viral respiratory infections. Medica will continue to cover medically necessary health care costs to treat infectious diseases, including COVID-19, based on the terms of an individual's insurance plan.

Will Medica cover the cost of the COVID-19 vaccine when it's made available? (As of 3/10/20)

Health insurers generally cover vaccines recommended by the U.S. Centers for Disease Control and Prevention (CDC). This may depend on the arrangements between the federal government and vaccine manufacturers and the amount of funding provided for vaccine development. Typically, drugs need approval by the U.S. Food and Drug Administration (FDA) before Medica covers them. Also, it's important to note that Medica plans do not cover investigative (experimental) treatments.

Will Medica cover medical supplies such as masks, gloves, disinfectant that consumers may want? (As of 3/10/20)

*Most of these supplies are **not** currently covered as take-home items for Medica members. Some of these costs may be built into care costs for certain medical conditions currently under treatment in a clinical setting, such as wound care.*

Will Medica cover transportation for enrollees with COVID-19 to designated quarantine or treatment centers? (As of 3/10/20)

Medica covers **non-emergency** transportation between hospitals when it's directed by a physician and care isn't available at the first hospital visited. Refer to Medica's [UM policy on non-emergency air ambulance](#) as needed. Medica also covers emergency transportation according to member health plan benefits. Medical transport from another country back to the US for treatment would not be covered.

Will Medica cover hospital quarantine stays for enrollees diagnosed with COVID-19? (As of 3/10/20)

Yes, consistent with member health insurance coverage. Hospital stays need to be medically necessary and hospitals need to continue to follow Medica's inpatient notification guidelines.

Will Medica cover telehealth services to ensure access to care while reducing the opportunities for disease transmission? (As of 3/10/20) (See above as of 3/26/20 for more on Emergency Telemedicine reimbursement policies.)

This will depend on member coverage and if telemedicine is part of their benefits. As a reminder, see related reimbursement policies on [medica.com](#) for [telemedicine](#), [telemedicine for Minnesota Health Care Programs members](#) and [telephone services](#). See [coverage policies](#) for telemedicine and virtual care, too. (Some Medica plans offer virtual care benefits.)

Will Medica waive prescription quantity/supply limits or allow for early refills to enable enrollees to stock up on prescription medications due to shortages caused by COVID-19? (As of 3/10/20)

We have emergency preparedness plans in place for these types of situations, including global pandemics, that allow for the modification of medical management practices. Any modifications are carefully implemented to balance the needs of enrollees for access to their medications with the risks of medications being misused, misplaced, or expiring. Health insurers are carefully monitoring COVID-19 developments and will make adjustments to policies as appropriate.

For Medica members and customers who have Express Scripts as their pharmacy benefit manager (PBM), Express Scripts has a refill override process to implement when government leaders officially declare a state of emergency. The process allows members residing in an affected area to refill a medication before they are due for a refill so they can stay adherent with their therapy.

According to Express Scripts: "Conditions currently do not call for us to enact early refills, but we are monitoring the situation closely and will update our information and policy if or when the situation changes. We will make sure members have the medications they need. Members also can transfer prescriptions for chronic conditions to Express Scripts Pharmacy, where they can obtain 90-day supplies delivered directly to their home, and have access to our pharmacists 24/7. Currently, we are not experiencing any impact on inventories."

For home infusion therapy normally done at a facility, can this be done at a patient's home? (As of 3/10/20)

If a member is typically receiving infusion in an outpatient hospital setting and wondering about home infusion, we can verify if that is an eligible benefit under their plan and customer service can assist them with finding an in-network home infusion provider, if needed. Typically, Medica directs members to the

most cost-effective, clinically appropriate locations to receive infusion of their specialty medications. Often this is in a home or office as opposed to an outpatient hospital. See Medica's [site of service policy](#).

Will Medica cover testing of asymptomatic enrollees who have traveled or were in areas of possible exposure? (As of 3/10/20)

Testing asymptomatic individuals is not medically indicated and against the advice of the CDC and World Health Organization (WHO) unless symptoms are present. CDC is recommending voluntary home quarantine for those who have traveled to/from countries where COVID-19 has spread or who have been exposed to others with it.

Will Medica waive prior authorization requirements for treatment of COVID-19? (As of 3/10/20)

At this time, treatment of COVID-19 is aligned with treatment of other viral respiratory infections and any medical management would be similarly aligned and in accordance with the terms of an individual's insurance plan. However, Medica has emergency preparedness plans in place for disasters, including global pandemics, that allow for the modification of prior authorization and other medical management practices. Any modifications are carefully implemented to balance the needs of enrollees for access to essential care with ensuring patient safety and adherence to evidence-based medicine. Medica is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly, and notify providers as needed.

Will Medica waive deductible and/or cost-sharing requirements for enrollees with costs related to COVID-19 treatment? (As of 3/10/20)

At this time, treatment of COVID-19 is aligned with treatment of other viral respiratory infections and any cost-sharing and/or deductible obligations would be similarly aligned and in accordance with the terms of an individual's insurance plan. Medica is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly, and notify providers as needed.

Will there be claims payment delays because we will have less staff processing claims? (As of 3/10/20)

We don't anticipate that this will be an issue. In the unlikely event that there is a significant change, Medica will send out a Provider Alert notifying the provider network of any widespread claims impact, as we do today.

How do providers bill for COVID-19 testing, diagnosis and related services? (As of 3/10/20)

CMS has developed Healthcare Common Procedure Coding System (HCPCS) codes for laboratories to bill for certain COVID-19 diagnostic tests. HCPCS code U0001 is specifically for CDC testing laboratories to test patients, while HCPCS billing code U0002 allows additional laboratories to bill for non-CDC laboratory tests. [See more from CMS](#). The WHO has established a specific new ICD-10 code for the new coronavirus: U07.1 (2019-nCoV acute respiratory disease). Also, see "[ICD-10-CM Official Coding Guidelines – Supplement](#)" for coding details on COVID-19 from the CDC.

As of 4/1/20 N