



Thank you for your continued partnership and collaboration. This bulletin is to keep you informed of current initiatives and program announcements for MDX Hawai'i Medicare Advantage patients.

Coronavirus Disease 2019 (COVID-19) – We are Here to Serve You!

We are still open and here to serve you! MDX Hawai'i continues to operate normal business hours and provide support to you. Most of our staff, including our field representatives, are following the work-from-home order. Our field representatives can be reached via email and phone. In addition, you can also call our Provider Services Call Center at the phone numbers listed below.

We continue to monitor the Coronavirus outbreak and are working closely with our health plan partners, UnitedHealthcare (UHC) and Humana, to develop Frequently Asked Questions (FAQs). The FAQs will be posted on our provider portal and website at www.MDXHawaii.com. Updates will be posted as new information becomes available.

Patient Outreach Campaign

To alleviate an influx of COVID-19 related phone calls to our providers and to allow you to focus on essential patient care, MDX Hawai'i recently rolled out a patient outreach campaign. As part of this campaign, we launched our Care Management Support Center Hotline in order to help our members during the COVID-19 pandemic. Our Care Management Nurses, Social Worker, Pharmacists and Nurse Practitioners will be answering general medical questions about COVID-19 and help with understanding and doing the recommend steps to prevent infection. They will also assist members to obtain non-emergency medical care, including telemedicine visits with you, and any social services they may need. This service is provided at no cost to our members. In addition, we mailed a COVID-19 information flyer to nearly 20,000 members who are deemed high risk for COVID-19.

Our Hotline number is **(808) 650-2717**, or toll-free **(877) 544-0777**, Monday - Friday from 8 a.m. - 5 p.m., local time. For more information, members are encouraged to visit our website at www.MDXHawaii.com.

Members can also visit their respective health plan website for current information and resources:

Humana Members: www.humana.com
UHC Members: www.uhc.com

Annual Medical Records Review is Starting Soon!

Our annual medical records review will begin soon. We will be requesting medical records from providers to support our Burden of Illness (BOI) program.

We understand the COVID-19 pandemic presents a new set of challenges for your office in providing requested medical records to us. We are currently working on the various solutions to make this as easy as possible for you:

- We are currently upgrading our portal to allow you to upload your medical charts securely. We highly encourage you to sign-up for our provider portal. To sign-up, please complete the "Online Access Form for Master Administrator User Account" which can be found on our website at www.MDXHawaii.com, click on **Providers** → **Forms and Resources** and send it to us.
- We are adding more fax lines and setting up a secure FTP site (SFTP).

If you have an Electronic Medical Records (EMR) system, we would like to work with you to allow us access to your system remotely to assist with chart retrieval.

Our schedulers will contact your office if we previously came to your office to scan your paper medical records. We will work with you on alternative methods in retrieving copies. Please be on the lookout for detailed information on our annual Medical Records Review which will be sent to you within the next 30 days.

Physician Quality Incentive Program Updates is Coming Soon!

In light of COVID-19, we are currently working on updates to our 2020 Physician Quality Incentive Program for providers that have opted-in to participate in this program.

Need Assistance? We are here to help!

Call our Provider Services Call Center at:
(808) 532-6989, or toll-free **(800) 851-7110**
Monday - Friday, 8 a.m. - 5 p.m.

www.MDXHawaii.com

COVID-19 Frequently Asked Questions

For Providers with HUMANA and UnitedHealthcare (UHC) Medicare Advantage members.

1. Is testing for COVID-19 covered?
 - a. **Humana/UHC:** Yes. Retrospective to services delivered on or after February 4, 2020, member cost-sharing (copays, deductibles and coinsurance) for COVID-19 related tests will be waived, regardless of provider network participation, though in network lab is preferred. No prior authorization is required.

2. Are there specific HCPCS and CPT codes to bill for the COVID-19 test?
 - a. **Humana/UHC:** Yes. See below.
 For services provided **after February 3, 2020 and before Mar. 12, 2020**, lab providers should use the following HCPCS codes when billing for COVID-19 testing:

HCPCS Code	Description
U0001	To be used for the tests developed by the Centers for Disease Control and Prevention (CDC)
U0002	Used by laboratories performing non-CDC laboratory tests for SARS-CoV-2 / 2019-nCoV (COVID-19).

For testing services provided **March 12, 2020 and after**, lab providers should bill the new AMA CPT code, if it accurately describes the test performed:

CPT Code	Description
87635	Pathology and Laboratory code for severe acute respiratory syndrome coronavirus 2 (SARS-2-Co-2). Most national laboratories will use this code.

- b. The applicable COVID-19-related ICD-10 code, or code combination, as appropriate for the date of service, must also be reported on the claim.

Diagnosis Code	Description
B97.29	This code should be reported in addition to the sign or symptom (i.e. R05 Cough, R06.02 Shortness of breath) or diagnosed illness (such as J12.89, Other viral pneumonia, J20.8, Acute bronchitis, etc.) present at the time of testing
Z03.818	Used for cases where there is a concern about a possible exposure to COVID-19
Z20.828	Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19
U07.1, COVID 19	May be used AFTER 04/01/20 only

3. Will treatment for COVID-19 be covered?
 - a. **Humana/UHC:** Yes. Member cost sharing for treatment-related medical expenses of COVID-19 will be waived, regardless of provider network participation. No prior authorization is

required. The applicable COVID-19-related ICD-10 code, or code combination, as appropriate for the date of service, must be reported on the claim.

Diagnosis Code	Description
B97.29	This code should be reported in addition to the sign or symptom (i.e. R05 Cough, R06.02 Shortness of breath) or diagnosed illness (such as J12.89, Other viral pneumonia, J20.8, Acute bronchitis, etc) present at the time of testing
Z03.818	Used for cases where there is a concern about a possible exposure to COVID-19
Z20.828	Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19
U07.1, COVID 19	May be used AFTER 04/01/20 only

4. Is Telehealth covered?
 - a. **Humana:** Yes, as of 03/06/2020. Humana is waiving member cost share for all telehealth services delivered by participating/in-network eligible providers., either through audio or video. In response to this emergency, member cost sharing is waived for all Telehealth visits by participating/in-network eligible providers. COVID-19 related telehealth visits are also covered when performed by out of network eligible providers and member cost sharing should be waived. Humana is allowing all codes on the **CMS Covered Telehealth Services list**.
 - b. **UHC:** Yes. Any originating site or audio-video requirements that may apply under Original Medicare are waived, so that telehealth services provided via a real-time audio-video or audio-only communication system can be billed for members at home or another location. Member cost sharing is waived for COVID-19 related Telehealth visits by both in-network and out of network eligible providers. Member cost sharing is also waived for telehealth visits on or occurring after 03/31/2020 by in-network eligible providers for non COVID-19 conditions, Out of network eligible providers may also perform non COVID-19 Telehealth visits but member cost sharing does apply. UnitedHealthcare is allowing all codes on the **CMS Covered Telehealth Services list**.

5. Are there specific place of service and/or modifiers to bill for Telehealth?
 - a. **Humana/UHC:** Yes. Place of service should be billed with where the service would have been provided if not for the public health emergency, with a modifier 95.

6. Does email interactions with a member qualify as a telehealth service?
 - a. **Humana/UHC:** No. Telehealth services must be rendered through real-time interactive audio only or audio-video.

7. Which providers are eligible to deliver telehealth services?
 - Physician
 - Nurse practitioner
 - Physician assistant

- Nurse-midwife
 - Clinical nurse specialist
 - Registered dietitian or nutrition professional
 - Clinical psychologist
 - Clinical social worker
 - Certified registered nurse anesthetists
8. Are physical, occupational, and speech therapists able to perform and bill telehealth visits?
- a. **Humana:** No. Not currently. Non-eligible providers, such as physical, occupational, and speech therapists can perform e-visits for already established patients/members and bill G2061, G2062, and G2063 depending on services provided during the e-visit.
 - b. **UHC:** Yes. UnitedHealthcare will allow claims for physical, occupational and speech therapists for certain services performed using live video-conferencing while a patient is at home for dates of services from March 18, 2020 until June 18, 2020. UnitedHealthcare will reimburse claims including one of the [CPT® codes from the list](#), as long as claims are submitted on a CMS 1500 form using the place of service that would have been reported had the services been furnished in person along with a 95 modifier. UnitedHealthcare will not reimburse providers for audio-only visits. All visits must be performed using live video-conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable. There is no change to utilization management requirements for physical, occupational or speech therapy services. You should continue to comply with these requirements. Member cost-sharing will be waived for visits done by in-network licensed therapists. Services provided by out of network providers are subject to standard out of network benefit policies and member cost sharing will continue to apply. Reimbursable codes are listed [here](#).
9. Are telehealth visits covered for behavioral health?
- a. **Humana/UHC:** Yes. As of 03/06/2020 for Humana and from 03/31/2020 through 06/16/2020 for UHC, all CPT code services delivered by an appropriately licensed in-network provider are eligible for telehealth reimbursement. This includes services provided by an in-network Psychiatrist, Clinical psychologist and Clinical social worker. In-network non-MD mental health providers, such as licensed professional counselors (LPC), licensed clinical social workers (LCSW) and licensed marriage and family therapists (LMFT) may perform e-visits and bill CPT codes 99441, 99442, 99443 depending on the type of services provided during the visit.
10. Are telehealth visits for chiropractic services covered?
- a. **Humana:** No. Not currently.
 - b. **UHC:** Effective for dates of service from March 18, 2020 until June 18, 2020, UnitedHealthcare will reimburse certain telehealth services submitted by chiropractors when provided by qualified health care professionals and rendered using interactive audio/video technology. Medicare Advantage coverage limitations still apply, as well state laws and regulations. Member cost

sharing will be waived when visits performed by in-network providers. Reimbursable codes are listed [here](#).

11. Have referrals and prior authorization policies changed during this national emergency?

a. **Humana:** Yes. See below.

- Prior authorization requirements waived for in-network and out of network COVID-19 Testing: (CPT 87635 and U0001 and U0002) including other respiratory viral panel codes (CPT 87631-87633 and 0099U). Effective February 4, 2020.
- Prior authorization requirements waived for COVID-19 services, regardless of provider network participation
- Starting on 04/01/20, prior authorization requirements waived for all non-COVID-19 related services (excluding Part B and D drugs, transplants and genetics) performed by in-network providers or referred to other in-network providers by in-network providers.
- Prior authorization requirements remain in place for non-COVID-19 related services requested or provided by out of network providers. Requirements also remain in place for services requested by an in-network provider to be performed by an out of network provider.
- Existing approved and still valid Prior Authorizations on 04/01/20: Current approved dates of service will be extended for 90 days, except Part B and D drug requests, transplants and genetics. Effective April 1, 2020.
- HMO: All specialty referral requirements have been waived effective March 13, 2020 due to the national emergency declaration

b. **UHC:** Yes. See below.

- Post-Acute Care Admission: Prior authorization requirements waived for skilled nursing facilities and inpatient rehabilitation services. Effective March 24 through May 31, 2020. Concurrent review/Length of Stay reviews remain in place following admission and member must continue to meet criteria for continued stay for continued approval.

Response to the COVID-19 pandemic is rapidly evolving. We will be updating and adding to this information as needed. However, for the most up-to-date information, please refer to the links below for additional guidance and current COVID-19 information:

[CMS.gov](https://www.cms.gov)

[Humana](#)

[UnitedHealthcare](#)