



## **Information from PreferredOne for Care Provider About COVID-19 (Updated March 24, 2020; April 17, 2020; May 11, 2020; November 25, 2020; **May 7, 2021**)**

### **March 24, 2020 - Administrative**

Please continue to check our **Provider News** page for any updated information regarding COVID-19

PreferredOne is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) to help us determine what action is necessary on our part.

To help address care providers' questions, PreferredOne has developed the following frequently asked questions:

#### **What is PreferredOne doing to prepare?**

Our clinical team is actively monitoring external queries and reports from the CDC and MDH to help us determine what actions are necessary on our part to further support our stakeholders.

We do not intend to slow down payment to providers. In order to do so, we have expanded our work from home capabilities to allow almost all of our claims, customer service and UM team members to work remotely. They join the approximately 25% of our teams who work from home on a regular basis.

### **General COVID-19 Information and Testing**

#### **Does PreferredOne have recommendations for reporting, testing and specimen collection?**

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

#### **What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?**

The CDC has provided coding guidelines related to COVID-19:  
<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>  
<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

#### **Will PreferredOne cover the cost related to COVID-19 testing and care?**

PreferredOne will cover reasonable member health care costs related to COVID-19. PreferredOne recently announced its efforts to eliminate the burden of additional costs for members in its health plans by providing coverage of the coronavirus screening test at no out-of-pocket-cost.



### **What cost-sharing is being waived?**

PreferredOne will waive cost sharing for Centers for Disease Control (CDC) recommended COVID-19 laboratory testing at approved locations in accordance with the CDC guidelines, and the related office, urgent care, emergency and telehealth visits.

The link to the PreferredOne Special Coverage for the COVID-19 Pandemic policy may be found [here](#).

### **Does PreferredOne require a prior authorization on the focused test used to diagnose COVID-19?**

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

### **Will PreferredOne accept the CS modifier for COVID-19 testing/treatment? Will that modifier represent any cost sharing implications to members?**

Yes, PreferredOne will accept the CS modifier to be appended to services relating to COVID-19 testing and treatment. The CS modifier will be used for reporting and tracking purposes. Member cost sharing will be applied based upon governing rule and plan benefit language. For additional information on member cost sharing for testing and treatment of COVID-19 please see the PreferredOne Special Coverage for the COVID-19 Pandemic policy [here](#).

## **Utilization Management**

### **Has PreferredOne changed Authorization processes to respond to the COVID-19 emergency?**

Yes. PreferredOne is working to accommodate providers as much as possible to facilitate care for our members. The following temporary changes have been put in place effective March 24, 2020 and will continue until further notice. Please be sure to check back to this document periodically for updates regarding when these changes will be discontinued.

**Continue beyond July 1, 2021 Durable Medical Equipment:** PreferredOne currently allows respiratory equipment and supplies needed for discharge from an inpatient setting without requiring prior authorization. This would include items such as oxygen, nebulizers and ventilators. The DME vendor must be an In-Network provider and must be a benefit under the plan for which the member is eligible. Providers are encouraged to work with DME vendors directly to ensure availability and delivery for our members.

**Continue beyond July 1, 2021 SNF/TCU/Inpatient Rehab:** PreferredOne will approve a minimum of 5 days for any SNF/TCU/Inpatient Rehab stay needed to discharge a member from an acute inpatient setting. Notification may be sent at any time during the 5 days and will be approved. Facility provider can be either an In Network or Out of Network provider under the member's plan and must be a benefit under the plan which the member is eligible. In order to have no delay in claims payment, P1 needs to be notified of admission to the SNF/TCU/Inpatient rehab.

**Ends July 1, 2021 Hospital Transfers:** All hospital lateral transfers can occur without approval of PreferredOne. Facilities can transfer a PreferredOne member to another accepting facility as needed during the public health emergency. Facility provider can be either an In Network or Out of Network provider under the member's plan. The accepting facility must send notification to PreferredOne when the member is admitted. For PreferredOne's fully insured plans (PreferredOne Community Health Plan/PCHP) member cost sharing will be waived for hospital transfers with admission dates of 10/1/2020 and beyond until further notice to help address hospital capacity issues during the public health emergency. In order to have no delay in claims payment, P1 must be notified of transfer.



**Continues beyond July 1, 2021 Home Health:** PreferredOne continues to allow 14 days of home health care and related services as prescribed by the ordering physician. Home Health provider must be an In-Network provider and must be a benefit under the plan which the member is eligible. In order to have no delay in claims payment, we do require the home health provider to notify PreferredOne when services begin.

### **Will PreferredOne allow retro Prior Authorizations during the outbreak?**

PreferredOne will allow retrospective review on services that require prior authorization during this outbreak. However, PreferredOne needs to enter the notification within the system in order to provide payment in a timely manner. We encourage providers to notify PreferredOne within 72 hours of service in order to facilitate timely reimbursement in accordance with plan documents.

As we are seeing a slowing down of spread and a resumption of routine medical services, we will again require prior authorization for all services on our Prior Authorization list as per the provider agreement. For additional information regarding PreferredOne's prior authorization requirements please see our Office Procedures Manual available on our secure provider portal. The Prior Authorization Process policy is located under Section 3, Policy P.

Appeals related to services provided during the federal emergency period are subject to an extended timeline per federal regulations and the CARES act. For information on the CARES act please click [here](#). For additional information on the appeal extended timelines per federal regulations please click [here](#) and [here](#).

### **Will I need to acquire a new Prior Authorization for elective procedures that have been postponed?**

All pre-service authorization or inpatient elective procedures that are approved in 2020, will have the date range of the authorization officially extended until at least 12/31/2020. Any new requests will follow PreferredOne's standard approval period of 12 months from the date of the request. There is no need to get updated authorization letters or request an extension. Upon admission, we do request that providers provide notification of admission, so we can make sure there will be no delays in claims payment.

### **Can members refill their prescriptions early if needed?**

Yes, PreferredOne has suspended the refill too soon policy for medications. This allows pharmacies to override refill too soon edits during a declared emergency at the pharmacy counter. **Per the Governor's orders these allowances for early refills have been removed as of 9/13/2020.**

## **Telemedicine**

### **Will telemedicine services be reimbursed during the COVID response?**

For all fully-insured plans and most self-insured plans, PreferredOne will allow telephone and telehealth for any covered service by any qualified provider operating within the scope of their license. Providers can bill either a site of service 02 or 11. When billing a site of service 02 please include the -95 modifier to ensure claims are processed correctly. PreferredOne has a handful of self-insured plans that do not provide coverage for telehealth services. We are working with those plans to provide a short-term exception due to the COVID-19 outbreak. Click [here](#) for the link to the PreferredOne COVID-19 Telehealth policy.

## **Do I need to use a HIPAA-compliant platform?**

No. The HHS Office for Civil Rights (OCR) announced on March 17, 2020, that it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

## **How are telehealth services billed with place of service 02 reimbursed?**

Telehealth services are reimbursed at the same rate as they would be for a face to face visit in an office setting (place of service 11). Due to place of service 02, facility-based reductions will not apply.



### **What about services delivered via telephone (voice only)?**

PreferredOne encourages the use of audio/visual whenever possible, however, in cases where a member does not have access to visual means, PreferredOne will allow an audio (telephone) only visit.

### **Does telemedicine require prior authorization?**

Telemedicine alone does not require prior authorization. However, services that do require a prior authorization would continue to do so. Refer to the list of prior authorizations on the PreferredOne website. Click [here](#) for the link to the page.

### **Does PreferredOne require additional credentialing for delivering care via telemedicine?**

It may, depending on the provider. If your organization is utilizing providers external to your organization to deliver telemedicine services, this will require credentialing to be reimbursable. For internal providers to your organization, who are already credentialed, providers have two options to ensure claims are not denied:

- 1) Providers may bill the services out of their primary site of care.
- 2) Notify PreferredOne of the additional clinic location, and we will set additional locations as quickly as possible to make sure there is no delay in payment.

### **Do I need special documentation for visit delivered by telemedicine?**

Yes, since the patient is receiving care remotely and you will be billing for a remote encounter, you need to identify the visit as such. You may do this by using a simple phrase at the end of your documentation that should include the location of the patient and provider and anyone else present during the encounter. Other documentation of the encounter should be similar to a regular face-to-face encounter.

### **Can mental health services be provided via telemedicine by an unlicensed practitioner under clinical supervision from a licensed clinical supervisor?**

Yes, PreferredOne will allow for this and will follow our existing policy language (policy P-36) which reads: *Professional mental health services must be billed on the 837P (professional claim) under the name and NPI of the in network clinical supervisor. CPT/ HCPCS codes must be appended with U7 (physician extender) modifier.*

## **Credentialing and Provider Enrollment**

### **Will PreferredOne allow specialty practitioners to assist with general medicine services?**

Yes, PreferredOne will be relaxing restrictions on provider requirements to practice within a narrow specialty scope. For example, if a health system must redeploy advanced practice professionals from surgery or GI or cardiology into general medicine to handle an influx of COVID-19 patients, PreferredOne will not be a barrier to coverage of those services. This relaxing of this credentialing restriction applies to all currently credentialed PreferredOne providers at the following licensure levels: MD, DO, NP, PA.



**Will PreferredOne allow Locum Tenens during the outbreak and if so, how should they bill?**

PreferredOne has always allowed for use of locum tenens physicians when their services are being utilized for less than 60 days. However, during the COVID-19 pandemic PreferredOne will provide a 180-day window for use of locum tenens. As such, any locum tenen provider that renders services at an existing clinic for less than 180 days during the pandemic is asked to bill for those services under the Medical Director's NPI. Provider numbers will NOT be assigned to locum tenen physicians who fall under this definition, nor will they be required to undergo PreferredOne's credentialing program.

**Will claims be denied if an enrolled provider needs to practice at a location they are currently NOT enrolled at?**

To ensure claims are not denied:

- 1) Providers may bill the services out of their primary site of care.
- 2) PreferredOne will not require clinics to notify us when a practitioner is practicing in a different location with the same tax id due to COVID-19. Provided a practitioner is already approved to practice at any one location under a tax id, they will be allowed to bill a claim for any other location under the same tax id and not notify PreferredOne of the additional location. In some cases, an organization is defined by multiple tax ids. In this case the clinic is required to notify PreferredOne that the provider is practicing at a site for a different tax id by submitting the MN Uniform Practitioner Change Form. If a practitioner chooses to continue to practice at the new location after the pandemic, please submit the MN Uniform Practitioner Change form to notify us to display the practitioner in the provider directory.

**Will PreferredOne be extending the timeframe for recredentialing?**

Yes, PreferredOne will follow the NCQA recommendation to extend the recredentialing period from 36 months to 38 months.

**Will PreferredOne be expediting credentialing activities?**

PreferredOne will follow NCQA guidelines on all changes made to credentialing activities.

**If a PreferredOne participating hospital opens a temporary pop-up facility to assist with patient care will PreferredOne require any documentation to enroll the site for claims processing purposes?**

No, PreferredOne asks that the participating hospital bill the temporary location as a satellite site to the main facility. Please bill for this new location using the same billing name, billing address, site name, site address, tax ID & NPI as the main hospital location that you normally would bill for. If you are a PreferredOne participating provider looking to expand the scope of services you provide outside of those services you are currently contracted for please contact your PreferredOne Contract Manager for more information.