Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov
MEDICAID MEMO

Provider Flexibilities Related to COVID-19

Last Updated: 07/26/2022

Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov
MEDICAID MEMO

Provider Flexibilities Related to COVID-19

This memo is the fourth in a series that sets out DMAS's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. The flexibilities in this memo include changes that affect both fee-for-service (FFS) and managed care organization (MCO) models of care. These flexibilities are relevant to the delivery of covered services related to COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact.

Please note that the policy changes set out in this memo are in effect during the public crisis, as set out in the Governor's Emergency Declaration issued on March 12, 2020. DMAS provider flexibilities released in earlier memos (March 19, 2020 and March 27, 2020) as a result of COVID19 virus are still in effect. This is a rapidly emerging situation and additional changes are forthcoming. Providers are encouraged to frequently access the DMAS website to check the central COVID-19 response page for both frequently asked questions (FAQs) and guidance regarding new flexibilities as they are implemented. For additional questions about this memo or other COVID-19 related issues, the agency has created a centralized point-of-access for submission at: http://dmas.virginia.gov/contactforms/#/general. Questions may also be submitted to COVID19@dmas.virginia.gov.

Clarification on Infection Control Measures, Patient Interaction, and Billing

For clarification, if a provider and patient are in the same facility, then the service is not considered telehealth. For example, to preserve personal protective equipment and to limit the spread of infection, some providers may decide to communicate with a hospitalized patient or direct their care while in the same facility but behind a glass or other barrier. If this is the case, as long as the patient and provider are in the same physical facility, then the interaction would not be considered telehealth for the purposes of billing.

Clarification of Telehealth Coverage

In addition to recent guidance on telehealth issued in the March 19, 2020 Provider Memo,

"Provider Flexibilities Related to COVID-19," DMAS will now reimburse for additional telehealth services including remote patient monitoring (RPM) for suspected and confirmed cases of COVID-19 and provider to provider consultation including e-consults for all conditions based on clinical judgement.

The following RPM codes are open for reimbursement:

- CPT code 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education for the use of equipment.
- CPT code 99454: Remote monitoring of physiologic parameter(s) (e.g., weight, blood

pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

- CPT code 99457: Remote patient monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes.
- CPT code 99458: Remote patient monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes.

One of the following diagnosis codes must be on the claim for RPM:

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- U07.1, (2019-nCoV acute respiratory disease)
- J12.89, Other viral pneumonia
- J20.8, Acute bronchitis due to other specified organisms,
- J40, Bronchitis, not specified as acute or chronic
- B97.29. Other coronavirus as the cause of diseases classified elsewhere
- J22, Unspecified acute lower respiratory infection
- J98.8, Other specified respiratory disorders

Provider to provider consultation can occur synchronously via telephone or internet-based interaction (CPT 99446 and 99447) or asynchronously via e-consults (CPT 99451 and 99452). These procedure codes are applicable to licensed physicians and nurse practitioners for all conditions as clinically indicated. Clinicians shall use clinical judgement when determining the appropriate use of provider to provider consultation. The following provider to provider consultation codes are open for reimbursement:

- CPT code 99446 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 5-10 minutes of medical consultative discussion and review.
- CPT code 99447 Same as CPT 99446, except 11-20 minutes.
- CPT code 99451 Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
- CPT code 99452 Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.

Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID MEMO

Payment of Medication Administration Encounters for Opioid Treatment Programs

DMAS is allowing flexibility of the rule defined in the Addiction and Recovery Treatment Services (ARTS) program manual, which limits the reimbursement of medication administration encounters within Opioid Treatment Programs (OTPs) to only those encounters when the member is presenting in-person, daily, to get their medication dose.

The OTPs have received approval from the State Opioid Response Authority to administer medication as take-home dosages, up to a 28-day supply, to minimize exposure of COVID-19 to staff and patients. Thus, DMAS is allowing for the reimbursement of the medication encounter for the total number of days' supplied of the take-home medication. This flexibility is critical to minimize face-to-face contact during the emergency.

****

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046

Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711),