

COVID-19 information (June 2021 update)

Updated to include information about cost sharing and vaccine reimbursement.

UniCare Health Plan of West Virginia, Inc. (UniCare) is closely monitoring COVID-19 developments and how they will impact 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) to help us determine what action is necessary on our part.

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

What is UniCare doing to prepare?

UniCare is committed to help provide increased access to care, while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system.

These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to our commitment to remove barriers and support communities through this unprecedented time.

UniCare is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

COVID-19 testing and visits associated with COVID-19 testing

UniCare will waive any normally required cost shares for Medicaid members — including copays and deductibles — for COVID-19 testing and visits associated with the COVID-19 test (including visits to determine if testing is needed). Test samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing.

Telehealth (video + audio):

On March 17, 2020, the Bureau for Medical Services (BMS) issued a memorandum allowing for services to be rendered through telehealth (audio and visual) or telephonic (audio only) modalities. The goal of allowing services through this modality is to ensure continuation and access to services that are needed to ensure our members can be safe and stable within our communities. Enrolled Medicaid providers can utilize telehealth services (including telephone) for nonemergent services to allow patients to stay at home during this pandemic. Providers should use their best judgement on what services can be performed in this setting; must work within the scope of their license; and have access to the patient's previous records (for established patients). Consent from the patient, verbal or written, to provide services via telehealth must be obtained and documented in the member's record.

Telephonic-only care

On March 17, 2020, BMS issued a memorandum allowing for services to be rendered through telehealth (audio and visual) or telephonic (audio only) modalities. The goal of allowing services through this modality is to

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ensure continuation and access to services that are needed to ensure our members can be safe and stable within our communities. Enrolled Medicaid providers can utilize telehealth services (including telephone) for nonemergent services to allow patients to stay at home during this pandemic. Providers should use their best judgement on what services can be performed in this setting; must work within the scope of their license; and have access to the patient's previous records (for established patients). Consent from the patient, verbal or written, to provide services via telehealth must be obtained and documented in the member's record. This includes covered visits for mental health or substance use disorders and medical services. Exceptions include chiropractic services and physical, occupational, and speech therapies, and any services which require physical contact with the patient. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Frequently asked questions

How is UniCare handling elective medical procedures?

Effective April 28, 2020, West Virginia Executive Order 28-20, healthcare providers began resuming elective procedures upon application, review and approval by Office of Health Facility Licensure & Certification (OHFLAC). The Order specifies criteria that healthcare providers must meet in order to receive approval from OHFLAC.

Will UniCare waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing?

UniCare will waive any normally required cost shares — including copays and deductibles — for the COVID-19 test and associated visits. Test samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing.

What services are appropriate to provide via telehealth?

The West Virginia Bureau for Medical Services (BMS) is allowing all existing telehealth services listed in the BMS policy manual, and the telehealth services temporarily approved during the COVID-19 pandemic, reference in the BMS release memos to use live video conferencing or telephonic services in the member's home. Place of service 02 for HCFA-1500 or CPT® plus GT modifier combination for UB-04 should be utilized for all telehealth billings. [https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-\(COVID-19\)-Alertsand-Updates.aspx](https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-(COVID-19)-Alertsand-Updates.aspx).

What codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?

To bill for services rendered through telehealth, bill the services code of the service that was rendered and add the following:

- If billing on HCFA 1500, bill the appropriate CPT/HCPCS code for the services rendered and use 02 for the Place of Service.
- If billing on a UB04, bill the appropriate CPT/HCPCS code for the services rendered and add -GT modifier.

How is UniCare monitoring COVID-19?

UniCare is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the CDC to help us determine what, if any, action is necessary on our part to further support our stakeholders.

UniCare has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

Our enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and the Virtual Command Center for Emergency Management command, control and communication.

In addition, UniCare has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

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>.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19 and the member's cost shares are waived?

The CDC has provided coding guidelines related to COVID-19 <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

What codes would be appropriate for COVID-19 lab testing?

UniCare is encouraging providers to bill with codes U0001, U0002, or 87635 based on the test provided.

Does UniCare 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.

Does UniCare require a prior authorization on covered medical services?

Effective April 1, 2020, UniCare removed prior authorization (PA) requirements for all covered medical services for out-of-network and in-network providers until June 30, 2020, or for another period of time as directed by the state. Effective June 1, 2020, PA requirements resumed for in-network and out-of-network providers.

For all inpatient, hospital-related services, including crisis stabilization unit and substance use disorder residential services, providers are required to submit notification of inpatient admission and discharge. This is required for clinical purposes, not for approval purposes, to complete member engagement in postdischarge care management. Providers can submit notifications of inpatient admission and discharge by contacting our Utilization Management Department via fax or phone:

- Phone: **1-866-655-7423**
- Preservice review fax: **1-855-402-6983**
- Current inpatient review fax: **1-855-402-6985**
- Behavioral Health inpatient fax: **1-855-325-5556**
- Behavioral Health outpatient fax: **1-855-325-5557**

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

UniCare is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors, we will authorize coverage for out-of-network doctors as medically necessary.

Are you aware of any limitations in coverage for treatment of an illness that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

Does UniCare expect any slowdown with claim adjudication because of COVID-19?

We are not seeing any impacts to claims payment processing at this time.

How does a provider submit a telehealth visit with an existing patient that lives in a bordering state?

To bill for services rendered through telehealth, bill the services code of the service that was rendered and add the following:

- If billing on HCFA 1500, bill the appropriate CPT/HCPCS code for the services rendered and use 02 for the Place of Service.
- If billing on a UB04, bill the appropriate CPT/HCPCS code for the services rendered and add -GT modifier.

Should providers who are establishing temporary locations to provide healthcare services during the COVID-19 emergency notify UniCare of the new temporary address?

Providers do not need to notify UniCare of temporary addresses for providing healthcare services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with your current tax ID number.

What modifier is appropriate to waive member cost sharing for COVID-19 testing and visits related to testing?

CMS has provided the guideline to use the CS modifier: <https://www.cms.gov/outreach-and-education/outreach/its-prov-part-prog-provider-partnership-email-archive/2020-04-10-mncc-se>. UniCare looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for evaluation and testing services in any place of service.

COVID-19 vaccine

How is UniCare reimbursing FDA-Approved COVID-19 vaccines?

The cost of COVID-19 FDA-approved vaccines will initially be paid for by the government.

UniCare will reimburse for the administration of COVID-19 FDA-approved vaccines at the established national CMS rates, unless otherwise required.

What CPT/HCPS codes would be appropriate to consider for the administration of a COVID-19 vaccines?

CMS has provided coding guidelines related to COVID-19 vaccines:

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>.

