

COVID-19 PAYER UPDATES

(AS OF APRIL 24, 2020)



This information is for the eight national payers and Medicare FFS.

Payer	Telehealth Physician F2F	Telehealth PT/OT New Equipment	Telehealth Home Evaluation	Prior Auths Waived	Prior Auths Extended	Delivery Signature Waived
Medicare FFS	Yes	No	No	No	No	Yes
Aetna	Yes	No	No Update	Yes	No	No Update, Follow MCR
Amerigroup	No	No	No Update	No	No	No Update, Follow MCR
Anthem	No	No	No Update	No	No	No Update, Follow MCR
CareCentrix - CIGNA	Yes	Yes	Yes	No	No	No Update, Follow MCR
Centene	All Centene plans are implementing as per the direction from their specific State / State Medicaid plan. Refer to individual state for information.					
Humana	Yes	State specific	State specific	Yes (4/3)	State specific	Yes
TriCare East and West	Yes	*only allowed for established patients, not new	Yes	No	No	Yes
UHC	Yes	Yes	Yes	No	Yes	Yes

The following definitions explain the information found in each column above.

Telehealth Physician F2F - “Yes” means that physician can complete the Face-to-Face (F2F) requirement via Telehealth, in line with the specific requirements/policies outlined by that payer.

Telehealth PT/OT New Equipment - “Yes” means that Therapist can perform the F2F portion via Telehealth, in line with the specific requirements/policies outlined by that payer. Please note there are some payers which have allowed Telehealth generally for PT/OT, but the procedure codes associated with the services allowed do not encompass the evaluation CPT codes needed to perform a wheelchair evaluation. Additionally, some states have allowed for CPT evaluation codes, but not the 97542-wheelchair evaluation code.

Telehealth Home Evaluation - “Yes” means the NSM ATP may complete the home evaluation via video or phone interview with the client / caregiver. The NSM ATP is still responsible for ensuring the equipment will work in the home. **“No Update”** means that these payers’ have yet to issue any guidance on this component.

Prior Auths Waived - “Yes” means that prior authorization is waived, or the payer will not review for prior authorization at this time. We still need to submit for prior authorization and maintain the response in our notes that the payer would not review.

Prior Auths Extended - “Yes” means there is some mechanism to extend existing prior auth date spans. Some of these are automatic and some are case by case basis.

Delivery/Signature Requirements Waived - “Yes” means there is some mechanism to go around obtaining a “wet” signature. Will still require NSM write “COVID-19” on signature line and that notes be entered in the work order detailing why NSM could not obtain a signature. NSM to document how delivery was confirmed - email, text, phone, picture, etc. in our notes. If NSM does not have an update, will attempt to obtain a signature and follow CMS guidelines and NSM’s alternate signature process.