

COVID-19 Payer Updates Northeast Region

As of May 15, 2020



**NATIONAL
SEATING &
MOBILITY**

Payer Update for COVID-19

Definitions for Charts on Following Slides

These definitions provide further detail on how to read the charts.

- **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.
- **Remote Home Assessment** – “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 the payer published guidance on how document when a “wet” signature cannot be obtained. Reference specific payer UPD information for details. Notes must be entered in the WO detailing why we could not obtain a signature, and how we confirmed delivery. **“No Update, Follow MCR”** means the payer has not published any guidance and we should follow the Medicare instructions for that payer. “No” means they have not waived signature requirements. Refer to the Delivery Documentation/Signature Requirements for direction on these.



East Region Payer Update for COVID-19

Northeast Sub Region

Payer	<u>Telehealth Physician F2F</u>	<u>Telehealth PT/OT New Equipment</u>	<u>Remote Home Assessment</u>	<u>Prior Auths Waived</u>	<u>Prior Auths Extended</u>	<u>Delivery Signature Waived</u>
MA Medicaid	Yes	Yes, Mass health evaluation codes only (not 97542)	Yes	No	Yes (must request)	Yes
BMCHP	Yes	Yes	Yes	Yes	No	Yes
Tufts	Yes	Yes	Yes	No	No	No update, follow MCR
CCA	Yes	No	No	No	No	No update, follow MCR
Harvard Pilgrim	Yes	Yes	Yes	No	No	No update, follow MCR
CT Medicaid	Yes	No	No	No	No	Yes
Connecticare	Yes	Yes	No update, follow MCR	No	Yes (90days)	No update, follow MCR
NH Medicaid	Yes	Yes (applies to MCOs)	Yes	No	No	Yes
ME Medicaid	Yes	No	No	No	No	Yes



East Region Payer Update for COVID-19

Big East Sub Region

Payer	<u>Telehealth Physician F2F</u>	<u>Telehealth PT/OT New Equipment</u>	<u>Remote Home Assessment</u>	<u>Prior Auths Waived</u>	<u>Prior Auths Extended</u>	<u>Delivery Signature Waived</u>
NY Medicaid	Yes	Yes	Yes	No	No	Yes
Healthfirst	Yes	No	Yes	No	No	Yes
VNS	Yes	Yes	Yes	No	No	Yes
Fidelis	Yes	Yes	Yes	No	No	Yes
CDPHP	Yes	Yes (no 97542)	Yes	No	No	No update, follow MCR
BCBS WNY	Yes	No	Yes	Yes (6/20)	No	No update, follow MCR
NJ Medicaid	Yes	Yes	Yes	No	Yes	Yes
Horizon NJ Health	Yes	Yes	Yes	No	No	Yes
VT Medicaid	Yes	No	No	No	Yes	No update, follow MCR
BCBS VT	Yes	Yes	No update, follow MCR	No	No	No update, follow MCR



East Region Payer Update for COVID-19

Mid-Atlantic Sub Region

Payer	<u>Telehealth Physician F2F</u>	<u>Telehealth PT/OT New Equipment</u>	<u>Remote Home Assessment</u>	<u>Prior Auths Waived</u>	<u>Prior Auths Extended</u>	<u>Delivery Signature Waived</u>
VA Medicaid	Yes	No	Yes	No	No	Yes
VA Premier	Yes	No	Yes	No	No	Yes
Optima Sentara	Yes	Yes	Yes	No	No	Yes
RI Medicaid	Yes	No	No	No	No	No update, follow MCR
MD Medicaid	Yes	Yes	Yes	No	No	Yes
PA Medicaid	Yes	No	Yes	No	No	Yes
Keystone First	Yes	No	No update, follow MCR	No	No	No update, follow MCR
IBC	Yes	Yes	Yes	No	No	No update, follow MCR
Capital BC	Yes	Yes	Yes	No	Yes (6 months)	No update, follow MCR



LET'S GET *moving*

