

# COVID-19 Payer Updates Southeast 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 Accessment** – “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.



# Southeast Region Payer Update for COVID-19

## Gulf Coast Sub Region

<b>Payer</b>	<b><u>Telehealth Physician F2F</u></b>	<b><u>Telehealth PT/OT New Equipment</u></b>	<b><u>Remote Home Assessment</u></b>	<b><u>Prior Auths Waived</u></b>	<b><u>Prior Auths Extended</u></b>	<b><u>Delivery Signature Waived</u></b>
<b>LA Medicaid</b>	Yes	Yes	Yes	No	No	No update, follow MCR
<b>BCBSLA</b>	Yes	No	Yes	No	No	No update, follow MCR
<b>TX Medicaid (TMHP)</b>	Yes	No	No	No	Yes – rental only	Yes – DME cert & receipt forms
<b>BCBSTX</b>	Yes	No	No update, follow Medicare	No	No	No update, follow MCR
<b>Superior</b>	Yes	No	No	No	Yes – acute care only	No update, follow MCR
<b>TCHP</b>	Yes	Yes	No	No	Yes – rental only	Yes - DME cert & receipt forms



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## SEC Sub Region

<b>Payer</b>	<b><u>Telehealth Physician F2F</u></b>	<b><u>Telehealth PT/OT New Equipment</u></b>	<b><u>Remote Home Assessment</u></b>	<b><u>Prior Auths Waived</u></b>	<b><u>Prior Auths Extended</u></b>	<b><u>Delivery Signature Waived</u></b>
<b>AL Medicaid</b>	Yes	Yes	Yes	No	Yes	Yes
<b>BCBS AL</b>	Yes	Yes	Yes	No	No	No update, follow MCR
<b>GA Medicaid</b>	Yes	Yes	Yes	No	No	No – Supplies only now
<b>FL Medicaid</b>	Yes	Yes	Yes	Yes	No	No update, follow MCR
<b>Staywell</b>	Yes	Yes	Yes	No	No	No update, follow MCR
<b>Sunshine</b>	Yes	Yes	Yes	Yes	No	No update, follow MCR



# Southeast Region Payer Update for COVID-19

## ACC 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>
<b>NC Medicaid</b>	Yes	Yes	Yes	No	No	Yes
<b>BCBS NC</b>	Yes	Yes	Yes	No	No	Yes
<b>SC Medicaid</b>	Yes	No	Yes	No	No	No update, follow MCR
<b>BCBS SC</b>	Yes	Yes standard evaluation codes (not 97542)	Yes	No	No	No update, follow MCR
<b>BCBS TN</b>	Yes	Yes standard evaluation codes (not 97542)	Yes	No	No	Yes
<b>MS Medicaid</b>	Yes	Yes only with established patients	No update	No	Yes	Yes
<b>BCBS MS</b>	Yes	No	No	No	No	No update, follow MCR



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