

COVID-19 Payer Updates West 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.



West Region Payer Update for COVID-19

Mountain 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> |
|--------------------------------|---------------------------------|---------------------------------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|
| AK Medicaid | No | No | No update, follow Medicare | No | No | Yes |
| CO Medicaid | Yes | Yes | No update, follow Medicare | No | No | Yes |
| MT Medicaid | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| NV Medicaid | Yes | No-complex Yes-non complex | NO | No | No | No update, follow MCR |
| OK Medicaid | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| WA Medicaid | Yes | No | No update, follow Medicare | No | No | Yes |
| BCBS MT | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| BCBS OK | Yes | Yes* | No update, follow Medicare | No | No | No update, follow MCR |
| Molina WA | Yes | No | No update, follow Medicare | No | Yes | No update, follow MCR |
| Regence BCBS OR, WA, UT | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| Sunflower (KS) | Yes | Yes – specific clinics only | No update, follow Medicare | No | No | No update, follow MCR |
| Trillium (OR) | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |

West Region Payer Update for COVID-19

North Pacific 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> |
|-----------------------------|---------------------------------|---------------------------------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|
| Medi-Cal | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| Kaiser | N/A | No | Yes | No | No | No update, follow MCR |
| BS CA | Yes | No | No update, follow Medicare | No | Yes-elective procedures | No update, follow MCR |
| Health Net Medi-Cal | See Medi-Cal | | | | | |
| Partnership HP | See Medi-Cal | | | | | |
| Valley Health Plan Medi-Cal | See Medi-Cal | | | | | |
| Valley Health Plan Medi-Cal | See Medi-Cal | | | | | |

Santa Clara Family Health Plan – not reviewing for PA, **We still need to submit for prior authorization and maintain the response in our notes that the payer would not review.**



West Region Payer Update for COVID-19

South Pacific 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> |
|--------------------|---------------------------------|--|-------------------------------|---------------------------|-----------------------------|----------------------------------|
| BCBSAZ | Yes | Yes* | No update, follow Medicare | No | No | No update, follow MCR |
| HMSA (HI) | Yes | No | No update, follow Medicare | Yes <\$500 | No | No update, follow MCR |
| IEHP Medi-Cal | See Medi-Cal | | | | | |
| Kaiser | N/A | No | Yes | No | No | No update, follow MCR |
| L.A. Care Medi-Cal | See Medi-Cal | | | | | |
| Mercy Care AHCCCS | Yes | No | No update, follow Medicare | No | No | No update, follow MCR |
| Ohana | No | No | No update, follow Medicare | No | No | No update, follow MCR |
| Sharp Comm. MG | Yes | Yes* - unable to bill, will allow for ATP to be remote | No update, follow Medicare | Pending | Pending | Yes |

Yes* means therapist must validate whether they can perform and bill for telehealth in these scenarios.

Bright Health (AZ) – not reviewing for PA, **We still need to submit for prior authorization and maintain the response in our notes that the payer would not review.**



LET'S GET *moving*

