

Provider Bulletin

These bulletins are how we communicate procedures, reminders and other information to our valued Magellan Complete Care of Virginia (MCC of VA) providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on [MCCofVA.com](https://www.mccofva.com).

Update on Medicaid coverage of services during the state of emergency

We understand that as our provider partners rally to serve our members during this challenging time, you may have questions concerning potential changes in operational procedures in response to the COVID-19 virus. This notice will address several frequently asked questions (FAQs) on this topic.

MCC of VA follows the most recent guidance issued by the Virginia Department of Medical Assistance Services (DMAS). Please see the DMAS website for their most up-to-date posted materials: <https://www.dmas.virginia.gov/#/emergencywaiver>. All links in this document were current as of April 1, 2020.

What flexibilities will MCC of VA allow for service authorization requests and service provision requirements for COVID-19 testing and treatment?

- MCC of VA will follow the most recently released DMAS guidelines for relaxed requirements.
- Relaxed requirements will apply to COVID-19 diagnostics, in person treatment and telehealth treatment for both in-network and out-of-network providers.
- Please see the DMAS memo titled “Provider Flexibilities Related to COVID-19” at <https://www.dmas.virginia.gov/#/emergencywaiver>.

Will MCC of VA’s hours of operation change during the pandemic response?

- Hours of operation will remain the same for all MCC of VA teams including Utilization Management and Customer Service.
- MCC of VA will monitor call and authorization request volume and consider additional resources or schedule changes in response to need. We will notify providers of any changes via email. You can also find copies of these notices posted on [MCCofVA.com](https://www.mccofva.com).

How will MCC of VA ensure that claims payments remain consistent and timely during this time?

- MCC of VA has executed our pandemic/disaster plan. We do not foresee any untimely payments specifically related to the pandemic response.
- Providers experiencing claim issues should contact MCC of VA at 1-800-424-4524 (TTY 711).

What codes should providers use for billing COVID-19 testing?

- U0001 – CDC testing laboratories to test patients for COVID-19
- U0002 – non-CDC testing for COVID-19

How should providers bill for services related to COVID-19?

- MCC of VA will follow the most recently released DMAS guidelines for COVID-19-related billing.
- Please see the DMAS memo titled “Provider Flexibilities Related to COVID-19” at <https://www.dmas.virginia.gov/#/emergencywaiver> and the Official Coding Guidelines from the Centers for Disease Control (CDC): <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

How will MCC of VA handle coverage and billing for telehealth services?

- MCC of VA will follow the most recently released DMAS guidelines for telehealth services. Current guidance relaxes platform requirements for provision of telehealth.
- Telehealth modifiers
 - GT—interactive audio and video telecommunications system
 - GQ—synchronous telecommunications system
- Telehealth place of service (POS) code
 - POS (02)
- For more about telehealth coverage and billing guidelines, please see these sections in the DMAS memo titled “Provider Flexibilities Related to COVID-19” at <https://www.dmas.virginia.gov/#/emergencywaiver>
 - Attachment A, Table of Codes for Telehealth
 - Coverage of Targeted Services Delivered Via Telehealth

Will MCC of VA allow a provisional participation status for providers who have submitted credentialing applications but are not yet approved? In particular, what can be done for practitioners who are returning to the workforce to help with the pandemic response after retiring or another break from active practice?

- Provisional status will not be necessary. MCC of VA will default to 100% of Medicaid rates for non-participating providers.

Thank you for all you are doing to help our members during this challenging time.