

Provider Update

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.

UPDATE: Coverage for COVID-19 Testing and Treatment, Expansion of Telemedicine

In response to the spread of coronavirus (COVID-19), Johns Hopkins HealthCare (JHHC) is updating benefit coverage for all four health plans during this state of emergency: Johns Hopkins Employer Health Programs (EHP), Johns Hopkins Advantage MD, Priority Partners, and Johns Hopkins US Family Health Plan (USFHP).

EHP

COVID-19 Testing

- Testing for COVID-19 is covered effective Feb. 4, 2020 with an in-network or out-of-network provider.
- Members will have no cost-sharing (copayments, coinsurance and deductibles) for items and services provided during an office visit (including in office or telehealth provider office visits, urgent care and emergency department visits) that results in the administration of a COVID-19 test or an order for such test, but only to the extent that the items and services relate to the COVID-19 test.
- Prior authorizations waived for COVID-19 testing and the associated visit.
- Reimbursement for CMS codes: U0001 (\$35.92) or U0002 (\$51.33) and AMA code 87635 (\$51.33).

Prescriptions

- To increase access to prescription medications, EHP is waiving the early medication refill limits for supplies of at least 30 days (for EHP members with pharmacy benefits through CVS/caremark).

Telemedicine

- Telemedicine is covered; originating site can be patient's home. Services for diagnosis, consultation and treatment provided through telemedicine must meet all requirements of face-to-face visits between a licensed health care provider and patient consistent with the provider's scope of practice. This includes behavioral health and PT/OT/Speech Therapy.
- There is no restriction on place of service of rendered services.
- Same authorization requirements apply for telemedicine as for face-to-face visits; special authorization not required because service is being delivered via telemedicine.

Please contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns

- Same copayments/co-insurance apply for telemedicine as for face-to-face visits.
- Telemedicine provided by out-of-network providers is covered and payable under member's out-of-network benefits.
- Telephonic consultation is covered.
- Reimbursement based on Medicare Fee Schedule. Services are generally billed as if the service had been furnished in person; the claim should reflect the designated place of service code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.

Advantage MD

COVID-19 Testing

- Testing for COVID-19 is covered effective Feb. 4, 2020 with an in-network or out-of-network provider.
- Members will have no cost-sharing (copayments, coinsurance and deductibles) for COVID-19 testing and the associated medical visit (office or other outpatient services; hospital observation services, emergency department services; nursing facility services; domiciliary, rest home, or custodial care services; home services, and online digital evaluation and management services) which results in the administration of a COVID-19 test or an order for such test, but only to the extent the services are related to the COVID-19 test.
- Prior authorizations and other utilization management requirements are waived for COVID-19 testing and the associated medical visit.
- Reimbursement for CMS codes: U0001 (\$35.92) or U0002 (\$51.33) and AMA code 87635 (\$51.33).
- Medically-necessary testing and treatment at an out-of-network facility will be covered at in-network benefit level.

Prescriptions

- Members can be reimbursed for filling prescriptions at an out-of-network pharmacy; cost shares would still apply at in-network benefit level.
- Early refill restrictions waived on prescription for at least 30-day supplies.

Telemedicine

- Telemedicine: Rural-only requirement waived for real-time audio/video services; the waiver temporarily eliminates the requirement that the originating site must be a physician's office or other authorized healthcare facility and allows Medicare to pay for telehealth services when beneficiaries are in their home or any setting of care.
- Behavioral Health services can be provided via telemedicine but IOP is not a Medicare covered service. Services can be provided by Clinical Psychologists and Licensed Clinical Social Workers. PT/OT/ST can be provided only as E-visits, on line communication between a patient and a provider through an on-line patient portal-G2061, G2062, G2063.
- For specifics around coverage for telemedicine and telephonic services (virtual check-ins), please refer to <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- Same authorization requirements apply for telemedicine as for face-to-face visits; special authorization not required because service being delivered via telemedicine.
- Same copayments/coinsurance apply for telemedicine as face-to-face visits.

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- Telemedicine provided by in-network and out-of-network providers is covered.
- Virtual check-ins are covered, please see above link for details.
- For coding and billing questions please refer to the [Medicare Telehealth FAQs](#) from March 17, 2020 for details.

Priority Partners

COVID-19 Testing

- Testing for COVID-19 is covered effective Feb. 4, 2020 with an in-network or out-of-network provider.
- Members have no cost-shares (copayments, co-insurance and deductibles) for COVID-19 testing per CDC guidelines and the COVID-19 testing related services for which payment may be made under Maryland Medicaid.
- Prior authorizations waived for COVID-19 testing and COVID-19 testing related services for which payment may be made under Maryland Medicaid.
- Reimbursement for CMS codes: U0001 (\$35.92) or U0002 (\$51.33) and AMA code 87635 (\$51.33).
- Priority Partners follows Maryland Department of Health guidelines—[monitor the latest updates](#).

Prescriptions

- Time restriction on refill removed to allow members to receive a refill of their medication.

Telemedicine

- Expanded telehealth services; MDH has temporarily expanded the definition of a telehealth originating site to include a participant's home or any other secure location as approved by the participant and the provider for purposes of delivering Medicaid-covered services.
- Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance).
- If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.
- If Medicaid participants cannot access cell-phone based video technology, audio only telephone calls will be permitted.
- [Read the full memorandum](#) and the [Addendum](#), which include details on covered services, distant sites, and billing guidelines.
- Please contact Optum Customer Service at 800-888-1965 or <http://maryland.optum.com> for information on behavioral health telemedicine as behavioral health is not managed by Priority Partners.
- PT/OT/Speech is covered. Please refer to EPSDT guidelines for enrollees under age 21.
- Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.
- Members have no copayment or cost shares for telemedicine.

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USFHP

COVID-19 Testing

- Testing for COVID-19 is covered effective Feb. 4, 2020.
- Members will have no copayments or other cost shares for items and services provided during an office visit (including in office or telehealth provider office visits, urgent care and emergency department visits) that results in the administration of a COVID-19 test or an order for such test, but only to the extent that the items and services relate to the COVID-19 test.
- Reimbursement for CMS codes: U0001 (\$35.92) or U0002 (\$51.33) and AMA code 87635 (\$51.33).
- Prior authorizations waived for COVID-19 testing.

Prescriptions

- Early refill restrictions waived on prescription for at least 30-day supplies.

Telemedicine

- Telemedicine is covered, originating site can be member's home, provider can be at office or facility. Please see [Tricare Policy](#) for details as well as billing guidelines.
- Same authorization requirements apply for telemedicine as for face-to-face visits; special authorization not required because service being delivered via telemedicine.
- Same copayments/coinsurance apply for telemedicine as for face-to-face visits.
- Telephonic consultation with members is not a covered benefit.

Please check our website at www.jhnc.com for additional information regarding updates during the COVID-19 state of emergency moving forward.

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