Chapter 32

COVID-19 Response

The current public health emergency declared by Governor Walz necessitates the temporary modifications listed in this manual section. Refer to the sections shown here for changes that have been made to the IMCare programs in relation to COVID-19. **Unless expressly listed, all other program requirements continue to apply.** All provisions shown here are time limited. Consult this information regularly for the most up-to-date information.

The following sections are included in this chapter:

Covered Services Changes and Modifications

90-Day Supply for Certain Medications

Effective April 2, 2020, IMCare will consider individual requests for a 90-day supply for certain therapeutic non-controlled drug classes for Medical Assistance and MinnesotaCare members. This will remain in effect until the peacetime emergency is terminated. Contact IMCare at 218 327-6188 or by fax 218 327-5545 to submit your request.

Administration of COVID-19 Investigational Drugs, Vaccines, Devices and Associated Services

Effective Nov. 11, 2020, the Department of Human Services' (DHS) commissioner allowed Medical Assistance and MinnesotaCare members to receive coverage for investigational drugs, vaccines, devices and associated services that receive federal approval under an Emergency Use Authorization to treat or prevent COVID-19. Current state law prohibits Medical Assistance and MinnesotaCare coverage for investigational drugs, vaccines, devices and associated services.

The federal government approved the use of bamlanivimab in outpatient settings for patients experiencing mild to moderate COVID-19 symptoms. The federal government will purchase and distribute bamlanivimab. Providers are not allowed to seek reimbursement for any investigational drug, vaccine, or device that is provided at no cost through a federal distribution program. This change allows the state to reimburse health care providers for the associated services of administering the drug, including the office visit and monitoring time. This change also ensures coverage for any COVID-19 vaccines, which will likely receive approval under a federal Emergency Use Authorization.

Alternative Delivery of Adult Day Services

Effective April 29, 2020, licensed adult day service providers may provide services in alternative ways for people normally served in adult day settings. For more information and operational guidance, refer to the Adult Day Services page of the Community Based Services Manual and Adult Day alternative use frequently asked questions webpage. This option to provide Alternative Adult Day services is available until further notice.

This change means providers can deliver adult day services using the following methods:

- Remotely, via two-way interactive video or audio communication (for example, phone or internet technology)
- In person, one of two ways:
- In the person's residence (Providers cannot bring people together who do not already live together)
- In the licensed adult day setting, if delivered to a single person at a time.

Providers can deliver the following services in alternative ways:

- Wellness checks and health-related services, including medication set-up and administration overseen by a nurse
- Socialization and companionship
- Activities
- Meals, delivered to the person's homes
- Assistance with activities of daily living (ADLs), including bathing
- Individual support to family caregivers.

Service limits

- Remote support provided via text or email is not a billable service.
- Providers are limited to delivering no more than four hours a day of alternative adult day services per person.
- Only current licensed adult day services providers may provide services to people they already serve during the peacetime emergency.

Effective August 12, 2020, the commissioner announced the following additional changes to adult day service requirements.

• allow people who live in congregate settings to attend adult day centers, provided that the congregate setting has not had any COVID-19 exposure in the last 28 days;

• increase the maximum duration that a person can receive in-person, group-based services in one day from three hours to four hours;

• increase the maximum cohort size from eight to ten people;

• remove the 50-person maximum limit to allow greater flexibility for buildings with larger license capacity while maintaining the 50 percent cap on licensed capacity (including staff) of the facility.

These changes reflect that people served have a right to make an informed choice about whether to receive group services in a licensed setting. These modifications are necessary to reduce the spread of COVID-19 and protect the health and safety of clients and staff.

Requirements for alternative adult day service delivery:
Before providing alternative adult day services during the peacetime emergency, providers must affirm that they will comply with all licensing requirements. See modified licensing standards and documentation requirements for all details.

Billing requirements for adult day services have not changed.

Early Intensive Developmental Behavioral Intervention (EIDBI) Individual Treatment Plans

Existing individual treatment plans will remain in effect beyond their current renewal timelines effective March 13, 2020. You can continue to provide Early Intensive Developmental Behavioral Intervention services without a progress monitoring update.

Elderly Waiver Services Remote Delivery

Effective April 29th, 2020, IMCare will allow remote support (real-time, two-way communication) temporarily as a service delivery option for several Elderly Waiver Services. Providers may deliver services remotely through phone or other interactive technology medium.

Providers may use remote support for people who live in a single-family home or apartment and for people who live in provider-controlled residential settings (such as corporate adult foster care, family foster care, customized living).

Providers must document in the person’s record:

• Why the change in delivery of in-person services to remote support is needed related to COVID-19
• The person's choice to receive services remotely
• The person's chosen delivery method (e.g. telephone) to receive remote support

• How the chosen remote support method(s) of delivery will meet the person's health and safety needs and planned goals.
Billing requirements for Elderly Waiver Services have not changed.

E-Visits

Effective 8/1/20, primary care e-visits will be covered until the end of the COVID-19 pandemic peacetime emergency, or as determined by the state of Minnesota.

Scope of E-Visits

E-visits are intended to discuss, diagnose and treat conditions with which the provider is comfortable not seeing the patient face-to-face, and which do not require immediate use of laboratory tests or radiology. The conditions include but are not limited to:

- Skin conditions: Rash, diaper rash, eczema, impetigo, contact dermatitis, rosacea, cold sores, shingles, jock itch, ringworm, shingles, sunburn, acne, athlete's foot, skin infections, head lice, insect bites, tick bites, ingrown toenail, unknown skin conditions.
- Ear, nose, and throat conditions: colds, ear pain, swimmer's ear, pink eye, eyelid infections (stye), sinus infection, canker sores, allergies, hay fever, influenza.
- Minor injuries and burns: abrasions, minor lacerations, minor burns, sprains, strains, contusions.
- Chest conditions: cough.
- Abdominal and pelvic problems: heartburn or acid reflux, diarrhea, constipation, irritable bowel syndrome, stomach pain, bloating, urinary tract infection, vaginal discharge.
- Pain: low back pain, headaches.
- COVID-19/coronavirus concerns
- Medication refills (for current patients):
    - EpiPen, mild or exercise-Induced asthma, birth control pills.
    - Medications to prevent an illness or infection: influenza (flu) prevention, pertussis (whooping cough) exposure, cold sore prevention.
    - Sexual health: sexually-transmitted infections.
    - Tobacco cessation: medication and nicotine replacement options.
    - Travel medication: malaria prevention, motion sickness prevention.
    - Women's health: emergency contraception (morning-after pill), initiation of birth control pills, vaginal yeast infection.

The range of services from this list available through e-visits is determined by the provider and may vary from provider to provider.

Service Delivery and Billing Parameters and Rules

- The enrollee must have an established relationship with the e-visit provider; an e-visit may not be used as a first visit with a provider.
- The enrollee must initiate the e-visit communications, although the provider may send instructions and a link to the enrollee to start the visit.
- The e-visit is not required to begin and end in a single session. One e-visit's communications may occur cumulatively over no more than one 7-day period.
- The e-visit cannot be related to nor a follow-up to a medical visit that occurred within the previous 7 days. The e-visit may not lead to an in-person E&M visit within the next 24 hours (or soonest

appointment available); if an in-person visit follows within the next 24 hours (or soonest appointment available) the e-visit is considered part of the E&M visit and is not separately billable.

- The e-visit provider is prohibited from billing or charging a fee to the enrollee; no cost-sharing is applicable. For MinnesotaCare, facility fees are not applicable.

Targeted Case Management

Federally approved policy modification to targeted case management services temporarily allow telephone and video-conferencing in place of in-person face-to-face contact.

The change is effective March 19, 2020, and allows case managers to conduct targeted case management visits by phone or video with adults receiving services or their legal guardians, and with children receiving services and their parents or legal guardians. The change runs through the end of the public health emergency.

Before the COVID-19 pandemic, targeted case management services provided to adults could be delivered via telemedicine if the case management provider met all state law Medical Assistance telemedicine requirements. These requirements include, but are not limited to the following:

• Telemedicine only permitted to individuals residing in certain settings such as a nursing facility

• Use of specified interactive two-way video technology

• Compliance with telemedicine health and safety standards

During the COVID-19 pandemic, all TCM services should be billed following the billing instructions provided in Revised Bulletin #20-69-02: Targeted Case Management changes for face-to-face contact requirements. TCM providers **do not** need to meet the telemedicine standards and **do not** need to submit a Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) during the COVID-19 pandemic.

The affected programs include:

• Children's mental health targeted case management
• Adult mental health targeted case management

Telemedicine

IMCare is temporarily expanding coverage of telemedicine visits during COVID-19 Pandemic.

Medicaid Members (MA, MNCare, MSC+) Telemedicine

These changes are effective March 19, 2020:

- Providers can provide services virtually via telephone when providers determine it is safe and effective to do so.
- The current limitation of three telemedicine encounters per week will be suspended.
- IMCare will cover evaluation and management services provided via telephone using the telephone services CPT codes. Follow CPT guidelines for use of 99441, 99442 and 99443.

In delivering telemedicine, the distant site (provider's location) can be the eligible provider's home. The originating site (member's location) can be delivered to members while they are in their home.

Eligible Providers

- Providers who were already providing traditional telemedicine and have a telemedicine assurance statement on file with MHCP with an effective date before March 19, 2020, do not need to submit anything additional and may submit claims for providing telephonic telemedicine retroactively to March 19, 2020.
- Providers who do not have a telemedicine assurance statement on file with MHCP; and those that do not meet the standard requirements for traditional telemedicine or who do not plan to continue telemedicine after the COVID-19 peacetime emergency, must submit the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) (PDF) for coverage of services via telephone or tele-video. The following applies to the DHS-6806A:
- Your "Requested Service Effective Date" can be on or after March 19, 2020. If you already submitted DHS-6806A and requested an effective date of April 1, 2020, you do not need to resubmit the DHS-6806A. You can provide telephonic services back to March 19, 2020.
- Organizational providers may submit one DHS-6806A signed by an authorized representative of the organization; along with a spreadsheet of all providers, including their NPI, affiliated with their practice that will be providing telemedicine. Processing telemedicine assurance statements is our top priority and the normal 30-day processing timeline should not apply. You can determine whether a provider is approved without having to wait for claim denials by logging in to your MN–ITS account and accessing the Telemedicine/Telephonic Telemedicine Provider List from the Provider Lists link. The list will be updated Mondays of each week and must be viewed using a Chrome or Firefox browser and the Excel XLSX version.
- Providers who want to continue to provide telemedicine services after the peacetime emergency has ended must meet telemedicine standard requirements and submit a Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).

Providers temporarily eligible to provide telemedicine include the following (also includes any equivalent tribal providers):

- Providers that meet the definition of "licensed health care provider" under chapter 256B.0625, subd. 3b(e) who did not already have a telemedicine assurance statement on file with MHCP
- Community Health Worker
- Public Health Nurse Clinic
- Doula (pre and postnatal care only)
- Physician extenders
- Licensed Alcohol and Drug Counselors
- Alcohol and Drug Counselors
- Alcohol and Drug Counselor – Temps Recovery
- Peers and student interns in SUD programs licensed under chapter 245G
- Pharmacists enrolled to perform medication therapy management
- All mental health professionals, mental health practitioners, mental health certified peer specialists, and mental health certified family peer specialists in the following behavioral health settings:
- Adult Day Treatment (ADT)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Assertive Community Treatment (ACT)
- Children's Residential Facilities (CRF)
- Children's Therapeutic Services and Supports (CTSS) including Children's Day Treatment
- Crisis Response Services
- Diagnostic Assessment

- Dialectical Behavioral Therapy (DBT)
- First Episode Psychosis (FEP)
- Intensive Nonresidential Rehabilitative Mental Health Services (Youth ACT)
- Intensive Residential Treatment Services (IRTS)
- Intensive Treatment in Foster Care (ITFC)
- Mental Health Certified Family Peer Specialist Services
- Mental Health Certified Peer Specialist Services
- Mental health rehabilitation workers in ARMHS and mental health behavioral aides in CTSS
- Outpatient Psychotherapy
- Partial Hospitalization (PHP)
- Physician Consultation, Evaluation and Management
- Psychiatric Consultation to Primary Care Providers
- Psychiatric Residential Treatment Facilities (PRTF)
- Psychological Testing
- Psychotherapy for Crisis
- Residential Crisis Stabilization (RCS)

Additionally, psychiatric care providers in Assertive Community Treatment (ACT) and Intensive Rehabilitative Mental Health Services (IRMHS) are eligible to provide those services via telemedicine.

Dual Eligible Members (MSHO) Telemedicine
Until further notice, IMCare is temporarily expanding coverage of telemedicine visits.
These changes are effective March 6, 2020:

- Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screening.
- Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.
- IMCare will cover three types of virtual services using these CPT and HCPCS codes:
    - Telehealth visits (99201-99215), (G0425-G0427), (G0406-G0408)
    - Virtual check-ins (G2010, G2012) *established patients only
    - E-visits (99421-99423), (G2061-G2063) *established patients only

Billing Instructions

E-Visits

The provider must have the capability to bill the e-visit to the enrollee's MCO. E-visit providers must be contracted network providers of the enrollee's MCO.
The services may be billed using CPT codes 99421-99423 or G2061 through G2063, as applicable.
Practitioners who may independently bill for evaluation and management visits (for instance, physicians and nurse practitioners) bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes

- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example, physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Telemedicine

To bill for telemedicine or telephonic telemedicine, providers must have documentation of services provided and have followed all clinical standards.

Providers who have a TD specialty code on their provider file should continue to bill with place of service 02 for traditional telemedicine services. For services that would have normally been provided in the office and are now provided by telephone or tele-video, continue to bill as usual (the same way as services delivered in person) and use modifier 95 to indicate the service was provided via telemedicine.

New telephonic or tele-video telemedicine providers:
Do not bill place of service 02 at this time. Continue to bill as usual (the same way as services delivered in person) and use modifier 95 to indicate the service was provided via telemedicine.

Providers who do not have an approved telemedicine assurance statement on file, but have submitted the statement, should bill the appropriate POS as if the service was rendered in person (for example, POS 11) plus the 95 modifier.

Children's Therapeutic Services and Supports (CTSS)

The following two billing changes are effective August 21, 2020, through the duration of the COVID-19 peacetime emergency for certified day treatment providers of CTSS.

- You may bill for psychotherapy for two or more individuals and individual or group skills training provided by a multidisciplinary team, under the clinical supervision of a mental health professional.
- A "temporary absence" includes an absence due to COVID-19.

Cost Sharing Changes

Effective March 18th, 2020, all services for diagnosis and treatment of COVID-19 are exempt from cost sharing. Providers do not need to take any action for this when billing for services. IMCare will reprocess claims submitted before this change was implemented.

Billing for Enrolled Pharmacists Ordering and Administering COVID-19 Testing

Use procedure codes G2023 and G2024 when billing for ordering and administering the COVID-19 tests. Claims for ordering and administering COVID-19 tests must be billed on a medical claim (CMS-1500) using the enrolled pharmacist's National Provider Identifier (NPI) as the ordering and rendering provider and the pharmacy's NPI as the pay to provider.

Billing for Enrolled Pharmacists Ordering and Administering COVID-19 and Pediatric Vaccines

Claims for administering COVID-19 vaccines and pediatric vaccines for children ages three through 18 years old must be billed on a 837P professional claim using the enrolled pharmacist's National Provider Identifier (NPI) as the ordering and rendering provider and the pharmacy's NPI as the pay-to provider. Pharmacists providing vaccines to children eligible for free vaccines through the Minnesota Vaccines for Children (MnVFC) program must enroll with the MnVFC program and provide the vaccines at no cost. Pharmacists are not allowed to seek reimbursement for any vaccine that is provided at no cost through a federal distribution program; however, the cost for the administration of the vaccines are reimbursable.

COVID-19 Vaccine

In preparation for the release of a COVID-19 vaccine, the Centers for Medicare & Medicaid Services (CMS) has developed COVID-19 vaccine toolkits for insurers, providers, and Medicare beneficiaries to convey critical information in one central location. These toolkits will be updated as more information becomes available. The toolkits and more information can be found on the CMS COVID-19 Vaccine Policies & Guidance web page.

In addition, CMS released the following information regarding coverage and payment for COVID-19 vaccination:

Medicare payment for COVID vaccinations administered during calendar years 2020 and 2021 to MA beneficiaries will be made through the Medicare FFS program. Medicare beneficiaries enrolled in MA plans will be able to access the COVID-19 vaccine, without cost sharing, at any FFS provider or supplier that participates in Medicare and is eligible to bill under Part B for vaccine administration, including those enrolled in Medicare as a mass immunizer or a physician, non-physician practitioner, hospital, clinic, or group practice. Submit claims for administration of the COVID-19 vaccine to the CMS Medicare Administrative Contractor (MAC) for payment instead of IMCare.

Increase in Billing Hours for Individual PCA Services

IMCare has modified the claims system to allow for the increase from 275 hours to 310 hours per month, per individual PCA worker, effective for service dates starting on May 12, 2020. Bill for the allowed additional hours for individual PCA services using the same billing procedure as before.

Medicare Sequestration

IMCare will be suspending Medicare sequestration from 5/1/2020-12/31/2020, per the CARES act.

PPE

IMCare providers may not charge members for the cost of personal protective equipment (PPE) or other costs related to COVID-19. IMCare providers are prohibited from requesting an IMCare member sign an advance recipient notice in order to bill the member for PPE.

Changes in requirements

Documentation

Effective April 20, 2020, a signature from the member or authorized representative is not required for proof of delivery for durable medical equipment and supplies. The remainder of the proof of delivery policy covered under the Equipment and Supplies section remains in effect. Providers are required to maintain documentation that the equipment or supply was successfully delivered to the member.

Effective April 20, 2020, Nonemergency Medical Transportation providers are not required to obtain a signature from the member or authorized party to certify the transport occurred. All other documentation requirements continue to apply and providers are required to ensure appropriate documentation that substantiates the delivery of the transport.

Recertification

Recertification has been temporarily waived for providers of the following services:
- Dialectical Behavior Therapy (DBT)
- Assertive Community Treatment (ACT)
- Intensive Treatment Foster Care (ITFC)
- Adult Rehabilitative Mental Health Services (ARMHS)

ACT and ARMHS providers

If your certification expired on or after March 20, 2020, you have until the end of the peacetime emergency to recertify.

ITFC and DBT providers

If your certification expired on or after March 20, 2020, you have until July 31, 2020, or until the end of the peacetime emergency, whichever is later, to recertify.

Information is changing rapidly, please continue to monitor provider updates and our website for the most accurate, up to date information. If you have questions, please reach out or encourage members to reach out, to our call center at 218-327-6188, toll-free at 1-800-843-9536 or email imcare.office@co.itasca.mn.us.

Legal References

Minnesota Statutes, 256B.0625 (Covered Services)
Minnesota Statutes, 256B.0625, subdivision 3b (Telemedicine Services)
Minnesota Statutes 256B.0631 (Medical Assistance Copayments)
Minnesota Statutes, 256L.03, subdivision 5 (Cost-sharing)