# Medica COVID-19 Response
# Provider FAQ

*For the latest health care news and guidance on this topic, **refer to the CDC website**.*

**Will Medica's Covid-related coverage change in May 2023?** <mark>(Rev. 5/15/23)</mark>
*Yes, for Covid-related care, Medica will make coverage changes to coincide with the end of the Covid-19 public health emergency (PHE) on May 11, 2023. Effective with May 12, 2023, dates of service, Medica's coverage will revert to standard benefits and cost-sharing for most members for the following:*
- *Diagnostic and antibody testing and services*
- *Outpatient drug treatments*
- *Vaccinations and administration -- to be covered as preventive care when received in-network*
- *Over-the-counter (OTC) tests – will no longer be covered*

*Note: The changes above apply for all Medica members other than Minnesota Health Care Programs (MHCP) members. The Minnesota Department of Human Services (DHS) has extended coverage for MHCP members through September 2024.*

*Here's a short summary:*

## Post public health emergency

With the end of the COVID-19 Public Health Emergency (PHE) on May 11, 2023, Medica has returned to standard member benefits for all fully insured and self-funded groups. Post-PHE coverage for COVID vaccines and testing is consistent with how the health plan covers similar services.

| Benefit | Effective May 12, 2023 |
|---|---|
| COVID-19 vaccines | Members will have no out-of-pocket costs for COVID-19 vaccines and boosters received at an in-network provider. |
| Over-the-counter COVID-19 tests | Members will pay the retail cost of over-the-counter COVID-19 test kits. The cost of an at-home test kit is an eligible medical expense that can be paid or reimbursed from a flexible spending account, health savings account, or health reimbursement account. |
| COVID-19 lab testing | Normal cost-sharing requirements will apply for COVID-19 tests ordered by a medical provider at either in-network or out-of-network providers. |

### Telehealth services update
Expanded coverage of telehealth/virtual services for many common health conditions will continue at least through the end of 2023. Some psychological testing and applied behavioral analysis (ABA) return to pre-pandemic coverage and only specific services will be covered virtually.

*For more details, see Medica's **COVID-19 Testing** and **Outpatient Drug Treatment and Vaccinations for COVID-19** reimbursement policies.*

**How is Medica handling coverage of over-the-counter (OTC) COVID-19 tests?** <mark>(Rev. 5/15/23)</mark>
*Effective May 12, 2023, OTC COVID-19 test kits are no longer eligible for coverage.*

**How does Medica cover COVID-19 diagnostic testing services?** (Rev. 5/15/23)
*Medica extended the coverage end date for cost-sharing for COVID-19 diagnostic testing and antibody testing for all Medica members—whether in-network or out-of-network, plus related services such as office visits for the test when provided in-network—through May 11, 2023, dates of service. Normal cost sharing applies for COVID-19 diagnostic testing and antibody testing for all Medica members beginning May 12, 2023.*

*As a reminder, COVID-19 tests must be FDA-issued, medically necessary and ordered by a medical professional. COVID-19 tests are **not** covered as part of a return-to-work requirement, public surveillance program or travel requirement.*

**Will Medica waive costs for outpatient drug treatments?** (Rev. 5/15/23)
*Most COVID-19 monoclonal antibody treatments have been discontinued for use. FDA discontinued the Emergency Use Authorization (EUA) for nearly all of the drugs it previously approved. During the time when the EUA was in effect, Medica did provide coverage with no member cost when the treatment was medically necessary and ordered and received by an in-network medical professional. Some self-insured employers may not include antibody treatment coverage.*

**How will Medica reimburse providers for COVID-19 telemedicine services?** (As of 5/2/23)
*Medica has extended the coverage end date for **Telemedicine (Emergency) reimbursement policies** through December 31, 2023, dates of service; with their expanded code list, these policies continue to include visits from a member's home, FaceTime, Skype and audio-only for non-MHCP members.*

*Note: Medica's expanded coverage of emergency telemedicine/virtual health services will continue at least through the end of 2023, with certain exceptions. Some behavioral health telemedicine/virtual services, such as psychological testing and applied behavioral analysis (ABA), will revert to pre-pandemic standard benefit coverage and only specific services will be covered virtually.*

**Is Medica making changes to PCA services during the public health emergency?** (As of 4/5/22)
*The Minnesota Department of Human Services (DHS) announced temporary changes regarding personal care assistance (PCA) Qualified Professional (QP) supervision—These changes apply to Medica's Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members, effective with May 12, 2020, dates of service and lasting through the end of the public health crisis. The changes provide additional flexibility to allow qualified professionals to provide required in-person oversight of PCA workers via two-way interactive telecommunications (i.e., phone or video technology) for all people who receive PCA services. Eligible providers should continue to submit claims to Medica with the place of service as if the services were delivered in person. For all services delivered remotely, eligible providers must document a COVID remote visit and the method of communication, such as a phone. In addition, the DHS announcement increases the number of hours a PCA agency can bill for an individual worker, up to 310 hours per month per worker. **[The change allowing remote oversight ended on June 30, 2022.]***

**What is Medica's coverage of inpatient care for members who have COVID-19?** (As of 8/2/21; updated 5/15/23)
*With the availability of COVID-19 vaccines, Medica made the decision to resume standard member cost-sharing for inpatient COVID-19 treatment as of October 1, 2021, for most members. Costs for inpatient treatment for COVID-19 will be waived for Medicaid members until September 30, 2024.*

**Is Medica covering preventive health services that are provided using telemedicine?** (As of 10/9/20)
*Medica is covering certain preventive health services provided via telehealth. For more details, **see Medica's Telemedicine (Emergency) reimbursement policies***.

**Will Medica allow PAs and NPs to order home health care services for Medicare and Medicaid members?** (As of 6/11/20)
*Yes. The Centers for Medicare and Medicaid Services (CMS) has adopted changes regarding certification and provision of home health services that permit a physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist to certify the need for home health services and to order such services for Medicare and Medicaid patients. This change, effective with March 1, 2020, dates of service, applies for all of Medica's Medicare and Minnesota Health Care Programs (MHCP) enrollees, including those in Medicare Advantage and Medicare Cost plans as well as in Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), Special Needs BasicCare (SNBC) and SNBC dual-eligible plans.*

**Is Medica covering antibody tests for patients?** (As of 6/5/20; updated 7/27/20; updated 10/9/20)
*Yes, Medica is waiving member cost-sharing through the end of the PHE for FDA-approved antibody tests for all Medica members, as long as tests are ordered by a medical professional and medically necessary. Our coverage for the antibody test applies both in-network and out-of-network, and will extend to office visits and other charges related to the antibody test when performed at in-network locations for a suspected COVID-19 diagnosis. **Refer to the COVID-19 Testing policy** for full details, including criteria and billing for this test.*

**Will Medica reimburse for the specimen collection to test for SARS-CoV-2 in the hospital outpatient clinic setting?** (As of 5/26/20)
*Yes. Because hospital outpatient departments will also be conducting widespread testing, the Centers for Medicare and Medicaid Services (CMS) created new HCPCS code C9803 ("Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 [SARS-COV-2] [coronavirus disease (COVID-19)], any specimen source"). Separate payment for C9803 will be made only if it is billed without another primary covered hospital outpatient service or if it is billed with a clinical diagnostic laboratory test with status indicator A. Medica will pay for this code for services provided on or after March 1, 2020, and for the duration of the Public Health Emergency.*

**Can providers bill for telemedicine services on a facility form (UB-04 or electronic equivalent)?** (As of 5/15/20)
*While Medica's Telemedicine reimbursement policies apply to services submitted on professional claim forms (CMS-1500 or HIPAA transaction 837P), it's understood that the Emergency Telemedicine policies do include services that may have historically been billed on a facility claim form (UB-04 or HIPAA transaction 837I). Facility claims received for telemedicine services would follow normal facility editing and contract guidelines, including Medica's **Hospital-Based Clinics policy**. Services would be limited to those designated by CPT® codes on our **Emergency Telemedicine Services Code List**. Documentation of telemedicine services (including method of communication) should be supported within the medical record in the event of an audit. **See Medica's "Telemedicine (Emergency)" reimbursement policies** for more details.*

**Does Medica have stipulations to cover tests, like they need to be ordered by a physician and be medically necessary?** (As of 5/11/20; updated 5/15/20; updated 6/5/20; updated 7/27/20; updated 10/9/20)
*Yes. Medica is waiving all member cost-sharing including copays, coinsurance and deductibles for in-network COVID-19 diagnostic testing as long as tests are ordered by an appropriate medical professional and are medically necessary and appropriate as determined by guidelines from the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA) and/or state public health authorities. These changes are retroactive to March 1, 2020, dates of service and effective through the end of the PHE.*

**How will Medica address concerns about prescribing medications for COVID-19?** (As of 4/28/20)
*Effective May 4, 2020, Medica is adding quantity limits on certain drugs used for COVID-19. The fear of COVID-19 and subsequent stockpiling of medications used to treat this virus has put stress on the supply chain, limiting access and availability of these medications. In order to prevent stockpiling, as well as misuse and overuse, Medica is adding quantity limits (QLs) to certain medications effective May 4, 2020, as outlined below. These QLs apply to Medica's commercial, Individual and Family Business (IFB) and Minnesota Health Care Programs (MHCP) members who have pharmacy drug coverage through Medica. The QL changes do not apply to Medica Health Plan Solutions℠ (MHPS) or Medicare Part D members, or Medica members who reside in the state of Wisconsin.*

| Generic name (Brand name) | Medication allowed per 90-day period |
|---|---|
| azithromycin (Zithromax) 100 mg/5 ml for oral suspension, 15 ml | 13 bottles (195 ml) |
| azithromycin (Zithromax) 200 mg/5 ml for oral suspension, 15 ml | 7 bottles (105 ml) |
| azithromycin (Zithromax) 200 mg/5 ml for oral suspension, 22.5 ml | 5 bottles (112.5 ml) |
| azithromycin (Zithromax) 200 mg/5 ml for oral suspension, 30 ml | 4 bottles (120 ml) |
| azithromycin (Zithromax) 250 mg tablet | 15 tablets |
| azithromycin (Zithromax) 500 mg tablet | 15 tablets |
| azithromycin (Zithromax) 1 gm single-dose packet | 2 packets |
| azithromycin (Zithromax) 600 mg tablets | 24 tablets |
| **Generic name (Brand name)** | **Medication allowed per 365-day period** |
| chloroquine 250 mg tablets | 56 tablets |
| chloroquine 500 mg tablets | 28 tablets |
| hydroxychloroquine 200 mg tablets | 28 tablets |
| lopinavir/ritonavir (Kaletra) 200 mg/50 mg tablets | 56 tablets |
| lopinavir/ritonavir (Kaletra) 100 mg/25 mg tablets | 112 tablets |
| lopinavir/ritonavir (Kaletra) 80 mg-20 mg/ml oral solution | 160 ml (1 bottle) |

*The allowed quantities provide sufficient medication to support the treatment of one episode of COVID-19 as well as indicated short-term conditions. Prior authorization is required for coverage of additional medication. Medica will enter prospective authorizations for members identified as long-term users of hydroxychloroquine and Kaletra to maintain current coverage for these medications. As needed, providers should contact Express Scripts to request access to additional quantities of the medications listed above:* **See more on this at Medica.com**. *These QL changes above are intended to be temporary and will be in effect until the end of the current Public Health Emergency.*

**How will COVID-19 diagnostic testing codes be paid on inpatient claims?** (As of 4/15/20)
*COVID-19 diagnostic testing codes are included in the Centers for Medicare and Medicaid Services (CMS) grouper rates and the Medica proprietary grouper rates. COVID-19 diagnostic testing codes will not be paid in addition to the diagnosis-related group (DRG), per diem, per case-rate payment.*

**Will Medica extend timely filing deadlines?** (As of 3/20/20; updated 1/4/21; updated 5/15/23)
*Yes; beginning March 1, 2020, for Medica's commercial/ERISA group health plans only, Medica temporarily paused timely filing requirements for claims that would have exceeded the filing limitation during the COVID-19 National Emergency, per Department of Labor (DOL) and Internal Revenue Service (IRS) regulation. This change for timely filing does not apply to Medica's self-insured/non-ERISA commercial groups, Individual and Family Business (IFB), Medicare or Medicaid plans.*

*Effective with May 12, 2023, dates of service, providers will be subject to standard timely filing requirements.*

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