

Medicaid & Long-Term Care Coronavirus – COVID-19 Frequently Asked Questions

Updated: 4/20/2020

Nebraska Medicaid has developed the following FAQ to provide information for beneficiaries, providers and partners to answer questions they may have about COVID-19 and its impact to the Nebraska Medicaid program. This FAQ will be updated as more information is available. Changes to this document will be listed on the first page. Please review the entire document.

General Information

Q: If I want to remove my child from a setting such as an ICF/DD for self-isolation, would those count as therapeutic leave days?

A: Yes, this would count as therapeutic leave days. Individuals in ICF/DDs have 36 leave days available per year, and can request an additional 6 days for a total of 42 days.

Q: Will 2020 Recovery Rebates (stimulus checks) that individuals or their household members receive from the federal government affect Medicaid eligibility?

A: No, this money will not be counted as income nor resources both for those currently on Medicaid and for those who may be applying for Medicaid in the future.

Q: Will Medicaid waive signature requirements for medication pick-up?

A: Yes, Medicaid will waive the requirement for a hard signature on forms related to medication pick-up in order to assist social distancing efforts.

Providers

Q: Is it necessary to report and/or enroll a temporary space used in a disaster as a new service location?

A: Yes, a temporary space should be reported to DHHS Division of Public Health at the email DHHS.HealthCareFacilities@nebraska.gov. Depending upon the determination by DPH the space may need to be enrolled as a new service location.

Q: Will ICF/DD level of care prior authorization requirements be waived?

A: No, not at this time.

Q: Is there are rate schedule available for the new service codes in Provider Bulletin 20-06?

A: Yes, see Provider Bulletin 20-12.



Q: Can the Indian Health Service (IHS) bill for Medicaid telehealth services at the encounter rate?

A: In order to remain in accordance with the four walls rule in federal statute, IHS may bill encounters via telehealth the same as they would typically bill for a non-telehealth encounter, with the addition of the telehealth modifier (GT) to both the encounter and corresponding procedure codes, as long as either the provider or the client is within the walls of the facility during the time of the visit.

3/23/2020

General Information

Q: How can someone apply for Medicaid?

A: To apply, please visit the [ACCESSNebraska](#) website.

Q: How can I find out if someone is Medicaid eligible?

A: Please visit our [Client Eligibility Verification](#) webpage for ways to check Medicaid eligibility.

Q: How do we know if a senior center is open or closed – or what services are still available?

A: The State Unit on Aging website is updated daily with information provided by the Area Agencies on Aging regarding senior centers, what services are available, and which centers are closed. The listing is available in Excel and PDF at the following link: <http://dhhs.ne.gov/Pages/Aging.aspx>

Q: What school based services are continuing?

A: Although Nebraska school buildings are closing, we recognize that many school staff continue to work remotely and are still providing educational as well as health-related services. Telehealth resources are available for school based services. **In order to ensure efficient cost allocation, Random Moment Time Study (RMTS) processes, for any staff continuing to work, including those working remotely, if they have been selected as part of an RMTS – more commonly termed “sampled for a moment” – they should respond to the “moment” (time period for reporting) detailing the actions taken within the 3-business day response period. If sampled participants need assistance accessing or completing their RMTS moment/report, we encourage them to call the Fairbanks Client Information Center directly at (866) 303-7501.** For those staff members that are not working, as a program contact, they will continue to have the ability to mark any “moments” as paid or unpaid leave via the time study sample page of the [Fairbanks system](#).

During this global coronavirus (COVID-19) emergency, this message provides an update regarding how schools affected by the coronavirus can address any impact to their participation in the school-based Medicaid programs. We understand that continuity of care is important. Many schools are going to an online format. If needed, please remember, per our Regulations, telehealth is covered for appropriate services.

Providers

Q: Can I accept a verbal authorization by someone applying for Medicaid and sign their application for them?

A: At this time, requirements surrounding who can sign Medicaid applications have not changed. Applications can only be signed by the applicant or someone legally responsible for the applicant.

Q: I'm already a Medicaid-enrolled provider. Do I have to enroll as a telehealth provider?

A: You do not need to enroll as a telehealth provider. However, Medicaid will only pay for licensed health care providers to provide telehealth.

Q: Do I need to use a modifier when billing for telehealth services?

A: For Medicaid-covered services delivered via telehealth, all providers, including behavioral health providers, must submit claims using a "GT" modifier.

Q: What codes am I able to use to bill for telehealth services?

A: You are able to use all codes you were previously able to use when billing for telehealth services. New codes related specifically to COVID-19 are listed in [Provider Bulletin 20-06](#).

Q: Is written patient consent required prior to treatment via telehealth?

A: There is currently an emergency situation in effect in Nebraska related to COVID-19. This means written consent is not required prior to providing a treatment or service via telehealth, although obtaining written consent should occur when possible. The provider must document the reason the written consent was unable to be obtained. Even though written consent is not required to be obtained during this emergency situation, the patient must receive the following information verbally:

- Patient has the option to refuse telehealth without affecting patient's right to future care
- Provider must inform the patient all existing confidentiality protections shall apply to service being provided by telehealth
- Sharing of any patient identifiable images or information from the telehealth visit to researchers or other individuals will not occur without the consent of the patient

If a patient does not want to receive treatment or services through telehealth the provider shall assist the patient in finding alternative care. All other, non-telehealth, consent practices remain in effect at this time. A parent or legal guardian may give the verbal consent for telehealth treatment or service.

Q: How do providers ensure confidentiality is protected while providing services via telehealth or telephone and/or while working remotely?

A: Providers must ensure compliance with state and federal confidentiality requirements when providing services in person, via telehealth or telephone. Providers who are working remotely must be able to protect the health information of the consumers served including ensuring documentation is protected and that no unauthorized person has access to protected health information, up to and including being able to hear or see the content of service delivery.

Providers can use any certified HIPAA compliant technology platforms for the delivery of telehealth services. As federal guidance continues to be issued on this topic, the DHHS Division of Medicaid & Long-Term Care will abide by any federal guidance issued related to HIPAA-approved or allowable technology options.



Q: Am I able to use telehealth services if the patient does not have audio/visual equipment available?

A: In instances where it is documented that the beneficiary does not have access to audio/visual (telehealth) equipment, DHHS will allow telephonic treatments or services if it is clinically appropriate and the treatment or service can meet the standard service expectations.

Q: Are service expectations the same for services delivered in person compared to those delivered via telehealth or telephonic?

A: All treatment or services submitted for reimbursement must be delivered in accordance with existing service definitions. All treatments and services are expected to be rendered in a clinically appropriate manner, be directly related to the beneficiary's treatment needs or treatment plan. Providers are expected to document the rationale for delivery of treatment or services through telephonic as an appropriate method for each consumer.

Q: Can I still bill for a service if I cannot meet minimum service expectations due to a patient's risk or exposure to COVID-19 or due to related workforce challenges?

A: Service expectations should continue to be met for most treatments and services. In the event a consumer is identified as being at risk for COVID-19 and telehealth / telephonic services are used, it may not be realistic to meet all service expectation standards, especially for high-intensity services. In these rare instances, it is expected that the provider clearly document the specific barriers that were identified and attempts to resolve. It is expected that providers have mitigation plans in place and provide active and ongoing assessment on their ability to meet consumers' most immediate and critical treatment needs.

Q: Will prenatal care will be covered by telehealth?

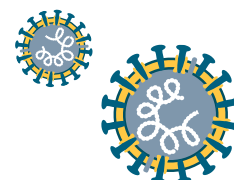
A: You are able to use all codes you were previously able to use when billing for telehealth services in addition to the new codes related to COVID-19 in [Provider Bulletin 20-06](#). Please reference other guidance in this document in regards to telehealth versus telephone. Any treatment service that requires "hands on" service by the provider cannot be done via telehealth or telephone. Medicaid can cover certain DME related to prenatal telehealth, such as blood pressure monitors and scales, but will not cover certain items like fetal dopplers.

Q: I'm a behavioral health provider. Can I use the assessment and management service procedure codes listed in Provider Bulletin 20-06?

A: The assessment and management procedure codes listed in Provider Bulletin 20-06 are available to provide options for telephonic treatment and services. These codes are only temporary and are not intended to replace existing procedure codes, only to add flexibility in the type of services you can charge for in this emergency situation. Please remember that this modality of care is a last resort and to be used only if it can be documented that the beneficiary does not have access to audio/visual equipment.

The codes 98966, 98967, and 98968 may be used by the following behavioral health providers:

- Psychologist (PhD/PsyD)
- Provisional psychologist (PHD provisional)
- Licensed independent mental health worker (LIMHP)
- Licensed mental health worker (LMHP)
- Provisionally licensed mental health worker (PLMHP)
- Licensed alcohol and drug counselor (LADC)
- Provisionally licensed alcohol and drug counselor (PLADC)





Q: Can I provide occupational therapy and physical therapy via telehealth?

A: MLTC has allowed some routine services, such as occupational therapy and physical therapy, to be delivered via telehealth in accordance with existing service definitions. This remains unchanged. Services that are **available** via telehealth, which needs to be both audio and visual, are: Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength, endurance and flexibility (97110). Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular and or proprioception for sitting and or standing activities (97112). Re-evaluation of occupational therapy established plan of care typically 30 minutes (97168). Re-evaluation of physical therapy, typically 20 minutes (97164). Any service that requires “hands on” service by the provider cannot be done via telehealth or telephone.

Q: Can I provide speech therapy via telehealth?

A: MLTC has allowed some routine services, such as speech therapy, to be delivered via telehealth in accordance with existing service definitions. This remains unchanged. Services that are **available** via telehealth, which needs to be both audio and visual are: Treatment of speech, language, voice, communication, and or auditory processing disorder, individual (92507). Group treatment of speech, language, voice, communication, and or auditory processing disorder (92508). Speech therapies are not allowed to be provided via telephone.

Q: Can I provide home health and hospice services without prior authorization?

A: MLTC is currently in the process of reviewing prior authorization requirements for home health and hospice services. We will be advising providers of any changes to the prior authorization processes in upcoming FAQs.

Q: What other services are excluded from telehealth?

A: Excluded services include: inpatient services, crisis stabilization, mental health and substance use disorder residential services, mental health respite, social detoxification, hospital diversion, and day treatment.

FAQs, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

DHHS has a dedicated COVID-19 web page at: <http://dhhs.ne.gov/pages/Coronavirus.aspx>

CDC's dedicated page is available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Any provided service must be a medically necessary covered service, documented, and billed by a provider who is enrolled with Nebraska Medicaid at the time of service. For additional questions please contact below:

Nebraska Medicaid Provider email for questions: DHHS.MLTCExperience@nebraska.gov

For questions for the managed care organizations:

Nebraska Total Care Provider Service: 1 (844) 385-2192

UHCCP Provider Service: (866) 331-2243 or Nebraska_PR_Team@uhc.com

WellCare: 1 (855) 599-3811