




Date: March 27, 2020

To: Medicaid Managed Care Organizations

From: Jill Spector, Director 
Medical Benefits Management

Re: COVID-19 Information and Updates: Processing Prior Authorizations, Provider and Enrollee Communications, and Telehealth Place of Service Codes

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

This transmittal provides information and updates from the Maryland Medical Assistance Program (Medicaid) related to the novel coronavirus (COVID-19) state of emergency. These requirements are only in effect during the state of emergency.

Processing Prior Authorizations

During the state of emergency, HealthChoice managed care organizations (MCOs) may expedite the processing of new prior authorizations requested by providers and allow flexibility in submitted documentation. An example would be processing a prior authorization without all the appropriate documentation (e.g., no physician's signature or incomplete forms) if all clinical information for a decision is present. Medicaid is encouraging MCOs to work with providers to process the preauthorization and permit providers to correct administrative errors later.

Medicaid encourages MCOs to honor all provider requests to expedite prior authorizations and continue offering providers peer-to-peer conversations about prior authorization requests and denials. In addition, during the state of emergency, MCOs should extend timeframes for providers to request peer-to-peer discussions when necessary.

Provider and Enrollee Communications

Medicaid is encouraging MCOs to deploy and use notification alternatives for providers should issues arise with sending and receiving written notifications for processes through standard U.S. mail (e.g., provider appeal acknowledgements and resolutions, authorization denials or approvals). Examples of notification alternatives include but are not limited to secure emails, secure fax transmissions, or exchanges via MCO-provider web portals.

During this time, MCOs may also use alternative means of providing notifications to participants, including but not limited to verbal notifications, use of patient portals, and secure email. Any verbal interactions with enrollees must be documented in the participant's case record and followed up with written notification when feasible.

Telehealth Place of Service (POS) Codes

Medicaid has received questions from MCOs about appropriate POS codes when providers bill for telehealth services with the -GT modifier, specifically if billing for telehealth is restricted only to POS 11 for "office." To clarify, providers should use the providers' location when determining the appropriate POS code to bill.

Permitted places of service from where to deliver services via telehealth include school (03), office (11), inpatient hospital (21), outpatient hospital (22), emergency room (23), nursing facility (32), independent clinic (49), Federally Qualified Health Center (FQHC) (50), community mental health center (53), non-residential substance abuse treatment facility (57), end-stage renal disease treatment facility (65), and public health clinic (71).

Maryland Medicaid does not accept or use POS code 02 for telehealth. Providers working from a home office to provide services via telehealth should use POS 11 for office and not POS 12 for home.

For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov.

For questions about the Coronavirus, visit coronavirus.maryland.gov.

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