



Frequently Asked Questions for Providers

1. Have you waived co-pay/coinsurance deductibles for virtual or telehealth visits?

A: Yes, we have waived member responsibility for Medicaid and Medicare telehealth visits from March 7, 2020 through May 31, 2021. This is for both COVID-19 related and non-related telehealth visits. This means we will pay in full, according to the contracted rate and providers do not need to collect member responsibility at the time of the visit. Medicaid expiration dates are dictated by Executive Order.

2. Will Virginia Premier allow telehealth for services typically performed in a facility setting that are billed on a UB04 such as occupational therapy, speech therapy, diabetes management and nutritionist services?

A: Yes, Virginia Premier will allow telehealth for services typically performed in a facility setting that are billed on a UB04 from March 7, 2020 through May 31, 2021. Providers are required to affix the modifier 95 or GT on the codes billed so that we can waive member responsibility. Virginia Premier will pay the in-person rate. Codes must be billed on a UB04 using your participating Tax ID. Please document appropriately in the medical record for audit purposes.

3. Is the vaccine service paid separately from the administration? How should providers bill for each?

A: Yes – as the vaccines were purchased and distributed by the government, providers are to bill the vaccine codes at \$.01, and the administration separately. For Medicaid products, this administration charge is billed to the Managed Care Organization (MCO). For Medicare products, the vaccine and administration are billed to traditional Medicare.

4. Do COVID-19 related service codes require COVID-19 diagnosis codes on claims to align with the CDC memo? (<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-19-508.pdf>)

A: No -- no restrictions were placed on Diagnosis Codes.

5. What is the effective date of vaccine codes for Medicaid? What codes are covered?

A: December 1, 2020 is the effective date. Covered codes are 91300, 0001A, 0002A, 91301, 0011A, 0012A

6. Is the Combination Flu/COVID Test covered – 87428?

A: Virginia Premier is still awaiting guidance from DMAS on coverage for this testing code. Right now, there are covered codes for COVID-19 testing specifically that can be used.

7. Is Virginia Premier following Medicare guidelines for reimbursement and billing for high-throughput technology testing (U0003-U0005)?

A: Virginia Premier will follow Medicare guidelines for the high-throughput technology testing services for Medicare products. For Medicaid, DMAS has drafted coverage guidance, and our expectation is that these codes will be covered retrospectively back to April 2020 under Medicare reimbursement levels, and prospectively from 2/1/21 under Medicaid reimbursement level.

8. Will Virginia Premier Health Plan cover the new Monoclonal Antibody Drugs (Bamlanivimab, Casirivimab, and Imdevimab)? Will prior authorization be required?

A: Yes, these services are covered within the first quarter (Q1) 2021 code update with an effective date of 11/21/2020 – to include Q0239, Q0243, M0239, and M0243. Authorization is not required.

9. Will members be charged copay, coinsurance, or deductible for COVID-19 services?

A: Medicaid members will not have any financial responsibility. As COVID-19 vaccine is billed to traditional Medicare, this question will not apply to Medicare products.

10. Is COVID antigen testing code 87426 covered by Virginia Premier? Why is the Medicaid reimbursement not at expected level?

A: This code is covered. As Virginia Premier follows DMAS listed reimbursement for the code. Virginia Premier is currently reimbursing based on the placeholder rate implemented by DMAS for this code. It is our understanding that this rate could be changed in the future.