

# What BWC providers need to know about care during the COVID-19 state of emergency

Last updated April 3, 2020

*The answers below reflect changes BWC has made to address the current COVID-19 state of emergency. It should be noted that the temporary changes reflected below do not ultimately modify existing standard rules and/or policies subsequent to the emergency period.*

## Q1. Does BWC allow telehealth to deliver care?

- A. Yes, BWC utilizes multiple mediums, including a telemedicine, telephone, and virtual service approach to rendering telehealth services. The application and requirements of these mediums are slightly different and are set forth in BWC rules and Billing and Reimbursement Manual policies.

## Q2. Has BWC made any changes to existing telehealth services?

- A. Yes, BWC has adopted selected service changes which have been set forth in the following three emergency policy alerts to address the expanded use of telemedicine and telephone services.
1. Policy alert [2020-01](#) announces a more flexible use of telemedicine and expands the site of care delivery to the home, as well as relaxes requirements for use of a secure platform of communication. It also reduces some administrative burden to notify or request additional authorization from the MCO to change the care delivery mechanism.
  2. Policy alert [2020-02](#) permits telephonic communication as a temporary substitute for some vocational rehabilitation services.
  3. Policy alert [2020-03](#) expands the service providers eligible to provide and bill for virtual check in and/or telephone services (audio only).

## Q3. BWC has been issuing communications about changes related to the Covid-19 emergency. When will each of the BWC changes be effective?

- A. Unless otherwise specified, each update is effective the date of the COVID-19 emergency declaration in the state where the injured worker resides. For Ohio, the state of emergency was declared March 9, 2020.

## Q4. Can a provider connect with injured workers using means other than telemedicine or face-to-face?

- A. Yes, providers are able to choose from telephonic or virtual service delivery using covered CPT codes identified on the [Professional Provider Fee Schedule](#). BWC expanded the providers eligible for these services through Policy Alerts [2020-02](#) and [2020-03](#).

## Q5. Can telemedicine be delivered through the telephone or is a synchronous (audio/video) connection required?

- A. No, telemedicine cannot be delivered using only an audio-only telephone service. Telemedicine must be delivered through a synchronous (audio/video) connection. BWC is permitting flexibility in care delivery so that the provider can determine the best means of connecting with the injured worker to reduce unnecessary exposure to COVID-19. Telemedicine changes identified in Policy Alert [2020-01](#) will allow the injured worker's home as an originating site (location of the injured worker) and will allow the use of a cell phone and/or non-secure audio/video platform.

## Q6. Do providers need prior authorization to deliver services via telemedicine or telephone?

- A. If a service required prior authorization prior to the COVID-19 state of emergency, prior authorization is still needed when utilizing telehealth as the medium of service delivery. If services had already be approved by the MCO, selected providers didn't need to obtain additional prior authorization switch to render these services via telemedicine.

## Q7. How will a provider be paid when delivering telemedicine services?

- A. Providers are reimbursed for synchronous (audio/video) telemedicine at the same rate as face-to-face, using the facility column of the [Professional Provider Fee Schedule](#). To be reimbursed at this rate, the provider must document the audio/video connection and use the place of service 02 and modifier -95.

**Q8. What CPT codes would providers use to bill for telemedicine?**

- A. Providers can identify the 40-telemedicine eligible codes by filtering for the -95 modifier on the [Professional Provider Fee Schedule](#). Telemedicine eligible services include office visits, consultations, some subsequent hospital visits, subsequent SNF visits and psychotherapy. The -95 modifier must be appended when delivering care through telemedicine, and the place of service must reflect 02.

**Q9. Will BWC be expanding the telemedicine eligible services to include any hospital E&M service, including emergency department services?**

- A. Yes. During this emergency crisis, when an injured worker is in the hospital facility as an inpatient or within the emergency department, and when the hospital is using a telemedicine set up to enable social distancing of providers and to save the unnecessary use of PPE, the hospital or provider may bill as if the service was delivered face to face, without appending modifier -95 or using place of service 02 for selected codes. While documentation would still reflect the use of telemedicine in the provision of care, the provider and hospital would use the facility place of service for the following facility-based E&M services: emergency department visits (99281-99285), critical care services (99291-99292), initial hospital care (99221-99223), observation or inpatient care (99234-99236) or (99217-99226) and discharge services (99238-99239).

**Q10. What CPT codes would a provider use to bill for telephonic services?**

- A. BWC allows telephonic services to be billed using 99371, 99372 or 99373. Service descriptions are identified in the [Billing and Reimbursement Manual link for Documentation](#).

**Q11. Can a provider delivering telephone (audio only) services be paid for face-to-face services?**

- A. No, telephone services are reimbursed at the applicable rate for the specific code set in the [Professional Provider Fee Schedule](#).

**Q12. Are telemedicine services available if the injured worker does not have access to a video-capable cell phone or computer with a camera to connect to a provider?**

- A. No. However, providers do have the alternative option where necessary and appropriate to contact the injured worker using telephonic or virtual check-in services. This allows the provider to support an injured worker's service needs until the provider can see the injured worker for a face-to-face or telemedicine visit.

**Q13. What if the injured worker has access to telemedicine but refuses to connect through this means?**

- A. Providers would determine the best means of connecting care to an injured worker. If an injured worker needs urgent or emergent treatment and refuses to connect to the provider through telemedicine, the provider should determine if the injured worker should be referred to an emergency department or if a telephone or virtual check-in would suffice until the provider can see the injured worker for a face-to-face visit.

**Q14. How would providers bill for COVID-19 lab testing to BWC?**

- A. Providers who are performing the laboratory testing should submit the bill for the testing to the MCO using the following codes supplied by CMS:
1. **HCPCS code U0001**, 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel when using the tests developed by the Centers for Disease Control and Prevention (CDC); or
  2. **HCPCS code U0002**, 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC.

*Do not report these codes if you are not the provider performing the testing.*

**Q15. What ICD codes should I be using when billing for COVID-19 services?**

- A. U07.1 and U07.2 are effective March 1, 2020 in BWC's claims and billing systems. BWC does not recognize Z-codes for exposure to COVID-19.

**Q16. If a provider was authorized for 10 physical therapy visits and can check in telephonically with the injured worker, will the check in be counted against the therapy visit?**

- A. No, the ability to check in telephonically with the injured worker is offered as a means of ensuring the injured worker's well-being and to answer any questions they may have regarding their care. Because this is not a telemedicine visit, the visit will not be counted against the authorized visits.

**Q17. Does BWC allow physical therapy, occupational therapy and speech therapy delivered by telemedicine?**

- A. No, BWC has not currently extended the ability to deliver these therapies by telemedicine (audio/video). Providers can use virtual check-in and telephone services to check-in with an injured worker involved in therapy.

**Q18. Many elective services, procedures and surgeries that have been approved with prior authorizations in place are being postponed because of COVID-19. In these cases, will the current prior authorizations be honored when procedures are rescheduled, or will additional approvals be needed?**

- A. We are working to ensure that our processes accommodate any currently approved, elective admission or procedures without additional provider administrative burden. MCOs have the flexibility to provide extensions of current authorizations. Providers should check-in with the MCO to address the prior authorization once the surgery, procedure or service is rescheduled.

**Q19. How does the injured worker make a request for a prescription refill?**

- A. There are multiple ways to initiate an early refill or extended day supply request:
1. Call the BWC Pharmacy Department at **877-543-6446**. Our pharmacy staff will take calls remotely M-F 8:00AM-5:00PM.
  2. Call our pharmacy benefits manager (PBM) Change Healthcare at **888-292-5229** if the request is made outside of normal business hours. The PBM helpdesk is available 24/7.
  3. Ask the prescriber to utilize a **MEDCO-31** form to submit the request to BWC.
  4. Email the BWC pharmacy benefits mailbox at **Pharmacy.Benefits@bwc.state.oh.us**.

**Q20. Will early prescription refills be granted for opioids and other controlled substances?**

- A. Yes. BWC has a mechanism in place to ensure that the injured worker must wait until both the previous and current prescriptions have been used prior to the following refill, meaning they will not get any “extra” pills by requesting the early refill override. The prescriber and pharmacist will also evaluate the early refill request and they must make their own decision whether to allow it or not.

**Q21. Can a provider call in a prescription to the pharmacy for a schedule II-controlled substance (i.e. opioids)?**

- A. The DEA provides guidance on when it is appropriate to issue oral prescriptions for a schedule II controlled substance amidst COVID-19:  
<https://www.pharmacy.ohio.gov/Documents/Pubs/Special/COVID19Resources/DEA%20Guidance%20on%20Oral%20Schedule%20II%20Controlled%20Substance%20Prescriptions.pdf>

Oral prescriptions for schedule II-controlled substances are only allowed for emergency situations. Whether an emergency situation exists must be determined by the physician. Emergency oral prescriptions should be limited to the amount adequate to treat the patient during the emergency period. During this state of emergency, the DEA has added two temporary exceptions to their rule for emergency schedule II-controlled substance prescriptions.

1. Prescribers have 15 days to provide the pharmacy with a hardcopy prescription for the prescription that was called in via telephone. Usually this time period is seven days.
2. Rather than mailing the hardcopy prescription to the pharmacy, the prescriber may send the prescription via facsimile or scanned photograph.