Coronavirus (COVID-19) Frequently Asked Questions for Medical Providers

According to the U.S. Centers for Disease Control and Prevention (CDC), COVID-19 continues to spread across the country. As a medical provider, you will face business operation concerns and patient questions, which we want you to feel prepared to address.

How do I obtain information about COVID-19?

In conjunction with state health officials, including the North Dakota Department of Health (NDDoH), the CDC is helping the medical community prepare for and deal with COVID-19 in the U.S. The CDC has developed the resource center, Information for Healthcare Professionals about Coronavirus (COVID-19), which contains a broad range of topics covering recommended strategies and planning considerations. The American Medical Association (AMA) also offers resources for providers at www.ama-assn.org.

Executive Orders 2020-12, 2020-12.1, and 2020-12.2

Are employees who contract COVID-19 eligible for workers' compensation benefits?

No. Generally, coverage for illnesses even when contracted through employment are not considered compensable injuries. Diseases to which the general public outside of employment are exposed are specifically excluded from workers' compensation coverage in North Dakota. COVID-19 fits into this exclusion. Even though it may be contended an employee contracted COVID-19 while working, the employee is not eligible for workers' compensation benefits for this type of illness.

During mid-2020, Governor Burgum issued three Executive Orders extending workers' compensation for COVID-19 for certain employee groups. On February 22, 2021, Governor Burgum rescinded those Executive Orders with Executive Order 2021-05. For exposures occurring within the coverage period defined in Executive Orders 2020-12, 2020-12.1 and 2020-12.2, claims filed after February 22, 2021, will be adjudicated according to the Executive Orders. For exposures after February 22, 2021, the statutes as written will control adjudication of those claims.

- On March 25, 2020, Governor Doug Burgum issued Executive Order 2020-12 for extending workers' compensation coverage for COVID-19 to first responders and frontline healthcare workers.

- On April 16, 2020, Governor Burgum amended the order, Executive Order 2020-12.1, to include funeral service personnel. The executive order specifically alters the statutory application for three groups of employees in North Dakota: frontline healthcare workers, first responders, and funeral service personnel.

- On July 28, 2020 Governor Burgum again amended the order, Executive Order 2020-12.2, to include employees providing direct care to individuals with intellectual and developmental disabilities housed within certain licensed care facilities.

For more information see WSI's Coronavirus (COVID-19) Frequently Asked Questions for Employees.

How can a health care professional from out-of-state obtain licensure in North Dakota?

As directed by [Executive Order 2020-05.1](#) (expired April 30, 2021) and as part of NDDoH's response to COVID-19, licensing requirements have been suspended for the following professions:

- [Addiction](#)
- [Emergency](#)
- [Naturopaths](#)
- [Physicians and](#)

- [Counselors](#)
- [Integrative](#)
- [Nurse Practices](#)
- [Psychologists](#)

- [Clinical](#)
- [Marriage and](#)
- [Occupational](#)
- [Respiratory](#)

- [Dietitians and](#)
- [Medical](#)
- [Pharmacists](#)
- [Social Workers](#)

Interested health care and behavioral health professionals may complete the [Emergency Licensure Application](#) online with proof of identity, licensure and a letter of good standing from another state. If approved, a temporary emergency license will be issued at no cost. Licensure will be valid for the duration of the declared state of emergency only. For questions, please email [DOHlicensure@nd.gov](#).

COVID-19 and Your Medical Practice

Are telemedicine services eligible for reimbursement?

Yes. WSI is temporarily expanding eligible telemedicine services during the duration of the COVID-19 pandemic.

General Information
- WSI developed these guidelines based on a waiver authority issued by [Centers for Medicare & Medicaid Services (CMS)](#).
- Originating site may include the injured employee's home.
- Bill must include appropriate HCPCS or CPT code and Place of Service (POS) 02.
- Medical documentation must accompany the bill and support the telemedicine service charged.
- WSI does not apply POS differentials to the reimbursement rate. However, reimbursement for telemedicine services does not include any originating site facility fees, cells phones, internet connection or other equipment needed to establish the telemedicine service.
- Modifiers CR (catastrophe/disaster related) and CS (encounter and testing for COVID) are not necessary if the documentation supports the service is COVID related
- Code 99072 for additional supplies, materials and clinic staff time is not reimbursable

Telehealth Visit
- Description: Visit with a provider using an interactive audio-video or audio only telecommunication system.
- Telehealth services must have modifier -95 appended to applicable service line item(s).
- Common telehealth visit codes include:
  - 99201-99215 (Office or other outpatient services)
  - G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)
  - G0406-G0408 (Follow-up inpatient telehealth consultations
- A provider may review CMS' [Covered Telehealth Services for Public Health Emergency for the COVID-19 Pandemic](#) for a complete list. WSI will honor a code from this list if the code is reimbursable in accordance with [WSI Fee Schedule](#).

Virtual Check-In
- Description: Brief communication with a provider via telephone or other telecommunication device to decide whether an injured employee needs to have an office visit or other service; remote evaluation of recorded video and/or images submitted by an injured employee.

- Billable Codes:
    - 99441-99443 (Non-face-to-face telephone services)
    - G2012 (Brief communication technology-based service)
    - G2010 (Remote evaluation of recorded video or images)

E-Visit
- Description: Communication initiated by an injured employee to a provider through a portal.
- Billable Codes:
    - 99421-99423 (Online digital E&M service)
    - 98970-98972 (Qualified nonphysician online digital E&M service)
    - G2061-G2063 (Qualified nonphysician online assessment)

Does WSI's expansion of eligible telehealth services include therapy?

Yes, therapy services applicable to a remote environment will be allowed. The significant elements for therapy via telehealth are as follows:
- Originating site may be the injured employee's home.
- Utilization Review (UR) requirements and parameters for a therapy service will remain the same. An approval will be honored whether performed in a clinic or via telehealth. A provider may refer to the Utilization Review (UR) Guide for prior authorization requirement details.
- Bill must include appropriate CPT code with Place of Service (POS) 02 and modifier 95.
- Medical documentation must comply with WSI's Physical Medicine and Rehabilitation Time-Based Services Policy. It must also reference the reason for using telehealth and the delivery method.

If a facility received approval for a surgery, which has been delayed, is a new request for prior authorization required?

Prior to July 1, 2020 – No. WSI temporarily waived the 90-day timeframe for surgery approvals due to the unanticipated business interruptions caused by the COVID-19 pandemic.

On or after July 1, 2020 – Yes. WSI will require a new request for prior authorization after 90-days.

Will WSI have delays in payment processing for medical services?

No. WSI will continue to issue checks weekly. Current turnaround time for a billed charge is approximately 20 days. Delays due to COVID-19 are not anticipated. In the event unforeseen interruptions occur, WSI will notify providers as soon as possible.

Will WSI reimburse for COVID-19 vaccinations?

No, WSI will not reimburse the below codes.

Code Range	Description
91300	COVID-19 vaccine, 30mcg/0.3mL dosage
91301	COVID-19 vaccine, 100mcg/0.5mL dosage
0001A	Administration of COVID-19 vaccine, 30mcg/0.3mL dosage, first dose
0002A	Administration of COVID-19 vaccine, 30mcg/0.3mL dosage, second dose
0011A	Administration of COVID-19 vaccine, 100mcg/0.5mL dosage, first dose
0012A	Administration of COVID-19 vaccine, 100mcg/0.5mL dosage, second dose

Will WSI reimburse a laboratory testing code for COVID-19?

WSI may reimburse a code from the below list if the testing is related to a work injury. (expired February 22, 2021)

Description
G2023* Specimen collection for COVID-19
G2024* Specimen collection for COVID-19 from skilled nursing facility or lab on behalf of a home health agency
C9803 Hospital outpatient clinic visit specimen collection for COVID-19
99211 Physician assessment and specimen collection for COVID-19; not billable with another Evaluation and Management code for a concurrent service
U0001 CDC labs testing for COVID-19
U0002 Non-CDC labs testing for COVID-19
U0003 High-throughput technologies for infectious agent detection
U0004 High-throughput technologies for non-CDC
0202U BioFire® Respiratory Panel 2.1
0223U Proprietary lab analyses; automated molecular assay providing detection of multiple respiratory pathogens via nasopharyngeal swabs
0224U Proprietary lab analyses; detection of antibodies in serum and plasma
0225U Proprietary lab analyses; detection of infectious agent by nucleic acid (DNA and RNA) by amplified probe technique
0226U Proprietary lab analyses; high-throughput quantitative blocking ELISA assay to assess viral neutralization capacity to COVID-19
0240U Proprietary lab analyses; upper respiratory specimen for RT-PCR detection of viral RNA from COVID-19, influenza A and influenza B
0241U Proprietary lab analyses; upper respiratory specimen for RT-PCR detection of viral RNA from COVID-19, influenza A, influenza B and RSV
86317 Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318 Immunoassay for infectious agent antibody, qualitative or semiquantitative, single
86328 Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method; severe acute respiratory syndrome COVID-19
86408 COVID-19 neutralizing antibody screen
86409 COVID-19 neutralizing antibody titer
86413 Quantitative antibody detection for severe acute respiratory syndrome COVID-19
86769 Antibody; severe acute respiratory COVID-19
87250 Virus isolation; inoculation of embryonated eggs, or small animal, includes
87255 Virus isolation; inoculation of embryonated eggs, or small animal, includes observation/dissection including identification by non-immunologic method, other
87426 Infectious agent antigen detection by immunoassay, enzyme-linked immunosorbent assay, immunochemiluminometric assay, qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome COVID-19
87635 Infectious agent detection by nucleic acid (DNA/RNA); severe acute respiratory syndrome COVID-19, amplified probe technique
87636 Respiratory virus multiplex testing for COVID-19 with influenza A and influenza B
87637 Respiratory virus multiplex testing for COVID-19 with influenza A, influenza B and
87811 Antigen detection of COVID-19 by immunoassay with direct optical observation

Prevention and the spread of COVID-19

How are COVID-19 patients treated?

According to the CDC, not all patients with COVID-19 will require medical supportive care. Clinical management for hospitalized patients focuses on supportive care for complications, including supplemental oxygen and advanced organ support for respiratory failure, septic shock, and multi-organ failure. It may also be necessary to test and treat for other viral or bacterial etiologies.

The National Institutes of Health has published interim guidelines for the medical management of COVID-19 prepared by the COVID-19 Treatment Guidelines Panel.

For information on investigational therapies, see Therapeutic Options for Patients with COVID-19.

How can a healthcare facility prepare for a COVID-19 outbreak?

The CDC recommends taking the following actions:
- Work with local and state public health organizations, healthcare coalitions, and other local partners to understand the impact and spread of the outbreak in your area.
- Designate staff who will be responsible for caring for suspected or known COVID-19 patients and ensure that staff is trained on the infection prevention and control recommendations for COVID-19 as well as the proper use of personal protective equipment.
- Monitor healthcare workers and ensure maintenance of facility staff and operations based on the CDC's recommended work restrictions and monitoring guidance.

How can a healthcare facility operate effectively during the COVID-19 pandemic?

Learning from the experiences of various healthcare systems, the CDC has compiled a 10-step approach to help healthcare facilities navigate protecting their personnel, patients and communities.
- Understand and execute current infection prevention and control (IPC) practices for COVID-19.
  - Ensure healthcare personnel (HCP) are well-trained on personal protective equipment (PPE).
  - Implement strategies to optimize personal protective equipment (PPE), including implementing extended and limited reuse of N95 respirators, reserving N95 respirators for aerosol-generating procedures, creating extended use PPE units where only patients with COVID-19 are provided care, and implementing a walk-up testing booth that allows HCP to stand behind solid but transparent (e.g., polycarbonate) panels to collect samples.
  - Institute universal source control for all HCP, patients, and visitors.
  - Consider tracking PPE supplies available using the PPE burn rate calculator.
- Develop protocols for HCP to monitor themselves for fever and symptoms of COVID-19, restrict them from work when sick or post exposure, and to safely allow return to work after an exposure and/or suspected or confirmed COVID-19 infection.
- Establish a plan for providing additional support for HCP, considering aspects such as mental health, parenting, meals, and non-punitive sick policies.
- Help your HCP become well-versed in evidence-based care of patients with COVID-19, including guidance provided by CDC, National Institutes of Health, the Infectious Diseases Society of America, the World Health Organization, and the Surviving Sepsis Campaign.
  - Understand the guidance for discharging a patient with suspected or confirmed COVID-19 from the hospital to home or to a long-term care facility.
  - Use telehealth strategies when feasible to provide high-quality patient care and reduce the risk of COVID-19 transmission in the healthcare setting. Consider implementing a phone advice line to triage patients and to address questions and concerns from possible COVID-19 patients.

- Maintain awareness of the [COVID-19 situation](#) in the state, city, and facility. Provide access to evidence-based [guidance](#) for caring for patients with COVID-19.
- Report hospital capacity data to HHS Protect using one of the approved mechanisms described in the [HHS COVID-19 Guidance for Hospital Reporting and FAQs](#).
- Strengthen your facility's response mechanisms by becoming familiar with pandemic, COVID-19 specific, and [crisis standards of care](#)
  - Consider using a [hospital preparedness checklist](#) and the [COVID-19 Surge](#) spreadsheet to estimate and respond to the surge in demand for hospital-based services.
  - Put in place or activate plans for [cohorting patients with COVID-19](#) and assigning dedicated staff.
  - Create plans to [reduce staffing shortages](#) and assess the need for [alternative care sites](#), such as [emergency field hospitals](#).
  - Consider setting up an Emergency Operations Center (EOC) for your hospital if not already in place and ensure the EOC has enough staff for an extended response.
  - Work towards resuming/maintaining essential healthcare services using a risk/benefit analysis for in-person care visits while optimizing telehealth.
- Develop and maintain a [communication plan](#) for your HCP, patients, and the community. Consider including virtual town halls, daily huddles with local leadership, calls with partners, emails and phone conferences for staff, media briefs, and others.

More Information

Where do I get more information?

Health care organizations across the globe are working hard to arm everyone with the knowledge they need to protect themselves. Here are some links to credible organizations, which offer more information:
- [Centers for Disease Control and Prevention](#)
- [National Institute for Occupational Safety and Health](#)
- [Occupational Safety and Health Administration](#)
- [World Health Organization](#)
- [North Dakota Department of Health](#)
- [American Medical Association](#)
- [CMS New Billing Codes for COVID-19](#)