

Important Updates and Payer COVID-19 Resources

Aetna

<https://www.aetna.com/health-care-professionals/provider-resources.html>

- Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial Plans through September 30, 2020
- Self-insured plans offer this waiver at their own discretion
- For Medicare members, primary care and behavioral health telemedicine visits are covered with no cost-sharing to the member, through September 30, 2020
- Aetna reimburses all providers for telemedicine at the same rate as in-person visits
- Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines
- For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until August 4, 2020 or as specified by state or federal regulations

BCBSM

<https://provider.bcbsm.com/therecord/covid-19.html> (You will need a web-Denis login to access)

Waiving of cost share for COVID-19 treatment extended for commercial members:

- For Blue Cross PPO and BCN HMO members, member cost share waived for COVID-19 treatment through December 31, 2020. This extension coincides with the extension for Medicare Plus Blue PPO and BCN Advantage members through December 31, 2020. (previously set to expire June 30, 2020)

Waiving of cost share for telehealth visits ending June 30 for commercial members:

- For dates of service on or after July 1, 2020, member cost share will once again apply for Blue Cross PPO and BCN HMO members for common medical and behavioral health visits that are performed using telemedicine
- For Medicare Plus Blue and BCN Advantage members, cost share will continue to be waived for common medical and behavioral health services through December 31, 2020, for both in-office and telehealth visits

Utilization Management:

Clinical review will be required by BCBSM/BCN Utilization Management for acute care admissions with non-COVID-19-related diagnoses effective June 13, 2020.

Effective July 1, 2020, you must submit clinical documentation along with your authorization requests for:

- Acute care admissions with COVID-19-related diagnoses
- CT scans of the chest to rule out pneumonia diagnosis associated with COVID-19

- The first three days of admissions to skilled nursing facilities for members transferred from acute care
- Authorization durations for elective and non-urgent procedures, including PT, OT and ST extended for 180 days from the date of authorization was approved, extended until December 31, 2020
- Extended the benefit period for PT, OT and ST from 60 to 180 days from the first treatment for members with a 60 consecutive day benefit until December 31, 2020

Pharmacy:

- Early medication refill limits on 30-day prescriptions maintenance medications waived; no-cost substitutions if drugs are out of stock are in effect until further notice
- Authorization end dates for select medical and pharmacy benefit drugs for Medicare Plus Blue PPO and BCN Advantage members has been extended until August 1, 2020
- Authorization end dates for select medical drugs for Medicare Plus Blue PPO and BCN Advantage members has been extended until August 31, 2020
- Authorization end dates for select pharmacy benefit drugs for Medicare Plus Blue PPO and BCN Advantage members set to expire between April 1 and August 21, 2020 has been extended for 90 days

Claims:

- Increased fees for COVID-19 specimen collection until further notice
- Blue Cross PPO commercial professional provider rate reimbursement increase for select procedure codes until August 31, 2020

Originating site fees:

BCBSM and BCN are waiving member cost share for the telehealth originating site facility fee, HCPCS code Q3014, retroactively effective March 16, 2020.

- Cost share is waived for Blue Cross' (commercial) PPO and BCN HMO (commercial) members through June 30, 2020
- Cost share is waived for Medicare Plus Blue PPO and BCN Advantage members through December 31, 2020

**Providers do not need to rebill. Claims submitted with this code will be reprocessed automatically.

PDCM Fee Schedule and Telehealth Updates:

In response to the COVID-19 pandemic, Blue Cross Blue Shield of Michigan has extended the following changes for PDCM:

- The following professional provider fee increases have been extended through November 30, 2020:
 - G9001
 - G9002
 - G9008

Updated amounts for all services listed above may be found in web-DENIS under the "Fee Changes" page.

- Through August 30, 2020 care coordination services that typically must be delivered in a face-to-face setting can be delivered via telemedicine (audiovisual or telephone). PDCM procedure codes *98961, *98962, G9001 and G9002 are affected by this temporary change.

HAP

<https://www.hap.org/providers/covid19-coronavirus>

Telehealth Services Cost-Share:

- Waiving all cost-sharing for telehealth services through December 31, 2020, even if the service is NOT related to COVID-19
- Self-insured employer group customers control their own health benefits. HAP is working with self-insured customers to determine how they will cover telehealth services
- Waive copays and co-insurance for all in-person primary care visits and behavioral health visits through December 31, 2020
- Waive treatment cost share for all care with diagnosis of COVID; office visits, telehealth, procedures, hospitalizations
- Waive all member cost-sharing for telehealth visits for Medicare Advantage members through December 31, 2020, even if it is unrelated to COVID-19. (this means that HAP Medicare Advantage members will not be charged any copays, deductibles or co-insurance for telehealth visits through December 31, 2020)

HUMANA

<https://www.humana.com/coronavirus/covid19-humana-member-resources>

Humana is eliminating out-of-pocket costs for office visits for Medicare Advantage members:

- Waiving in-network primary care costs, not only for COVID-19 costs, but all primary care visits through December 31, 2020
- Waiving member costs for outpatient, non-facility based behavioral health visits through December 31, 2020
- Humana is extending telehealth cost share waivers for all telehealth visits—PCP and specialty, including behavioral health, for in-network providers through December 31, 2020
- This waiver also applies to nationwide in-network telemedicine provider MDLIVE® and to Amwell® via humana.amwell.com, using the service key “humana”

For commercial members:

- This waiver also applies to nationwide in-network employer-group telemedicine provider Doctor On-Demand®, although certain ASO employer groups may have opted out of this benefit option

Preauthorization for care have been removed in many cases:

- Humana Medicare Advantage and employer-plan members who test positive for COVID-19 will not need to seek preauthorization to begin treatment immediately. For Medicaid members, please refer to your state’s specific page at Humana.com/Medicaid
- Beginning March 10, 2020, early prescription refills allowed through July 25, 2020 – For members with prescription drug coverage, Humana is allowing early refills on prescription

medicines so our members can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate

The Centers for Medicare and Medicaid Services (CMS)

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

CMS has issued a temporary suspension of the 2% sequestration from May 1, 2020 through December 31, 2020. This applies to all Medicare and Medicare Advantage plans.

Medicaid

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98156---,00.html

MDHHS has stated that temporary COVID-19 Response policies and L letters will remain in effect until further notice. The end dates of these policies are currently tied to termination of the Governor's Declaration of a State of Emergency Executive Order 2020-04, COVID. MDHHS will notify providers and stakeholders when these policies terminate. This applies to Bulletins: MSA 20-12, 20-13, 20-14, 20-16, 20-17, 20-18, 20-19 and L letter 2020.

Medicare

https://www.wpsgha.com/wps/portal/mac/site/home/footer-resources/coronavirus/!ut/p/z1/hY7BDolwEES_iOwKilyJURpCoyetezENKdhEu6QFD3691XgV9zbZN5MHBArI6Yft9WjZ6VvMZ8ovByFysSiw2acSsZS7Y7Ytmnq9XMHpH0DxjT-uRkg_wEw_GqRebmQPNOjxmIjXMaioeTQ-8Sbw5FsTQLXs-a3upxClAGY2wyr7AjNiw109G4H2BXIaPEo!/dz/d5/L2dBISEvZ0FBIS9nQSEh/#

Meridian

Telehealth Guidance for Providers

<https://corp.mhplan.com/ContentDocuments/default.aspx?x=FqRn5YoLeG8rQNgp1wSix7OSvby96EWlJOb/23w+c3EKrUA7NRBlcblotI+mhmXpMtixfB3b+ryfeCVlLh4kSw==>

Provider Billing Guidance for COVID-19

<https://corp.mhplan.com/ContentDocuments/default.aspx?x=hfMV936ODJCoa+80WD7B3co8RfQaSnNVq9EVmYy9JH6Rit9zepvUdmEilWDONT6HbujstaxREP1BM1iLBBi3A==>

- MHP is waiving in-network member costs for all primary care visits for the rest of 2020.
- MHP is waiving member costs for outpatient, non-facility-based behavioral health visits and are extending telehealth cost share waivers for all telehealth visits for primary care, specialty and behavioral health services for in-network providers for the remainder of 2020. This does NOT include inpatient hospital, behavioral health facility, or urgent care visits
- Any services that can be delivered virtually will be eligible for telehealth coverage
- All prior authorization requirements for telehealth services will be lifted through July 25, 2020

Meridian Medicare Advantage

- Waiving in-network member costs for all primary care visits, specialty, behavioral health, outpatient, non-facility-based behavioral health visits through December 31, 2020. (This does NOT include inpatient hospital, behavioral health facility or urgent care visits)

Molina

<https://www.molinahealthcare.com/providers/mi/medicaid/comm/Pages/COVID-19.aspx>

- Waiving all cost share associated with COVID-19 testing and treatment for Medicare, Medicaid, and Marketplace members through December 31, 2020

PHP

<https://www.phpmichigan.com/?id=175&sid=1>

- PHP has waived member cost share for telemedicine services offered by a Provider's office

Priority Health

<https://www.priorityhealth.com/covid-19/about/providers/billing-for-covid-19>

For dates of service between May 1 and December 31, 2020, Priority Health pay the same rate for expanded telehealth services as accustomed to receiving for in-person visits. Bill for these services using the modifier 95 to indicate the visit was done via telehealth, or the GT modifier for Medicaid.

- Covering the cost of all telehealth services, including behavioral health, for members through December 31, 2020
- Copays, deductibles and coinsurance for COVID-19 treatment will be waived when care is received from an in-network provider through December 31, 2020
- If a member visits an out-of-network doctor, their treatment will be covered as outlined by their health plan and cost sharing will apply, if applicable. Note that some plans do not have out-of-network benefits
- Cover medically necessary COVID-19 tests of any kind when ordered by a physician or advanced practice provider, a physician assistant or a nurse practitioner without member cost share
- COVID-19 treatment may be inpatient or outpatient, however, this does not apply to prescriptions. There are currently no official drug treatments for COVID-19
- Medicare Advantage members will have no cost share for in-person and telehealth primary care services through December 31, 2020

Total Healthcare

<https://thcmi.com/information/covid-19-provider-faqs/>

For billable telemedicine services Total Healthcare will temporarily allow credentialed providers to bill routine practice codes with a Place of Service 02 (to include GT modifier for Medicaid; GT or 95 modifiers for Commercial). As of June 1, we will pay according to the non-facility Medicaid rate. The visit

