

## Important Updates and Payer COVID-19 Resources

The national Public Health Emergency (PHE) is in effect until July 19, 2021.

The Michigan Department of Insurance and Financial Services (DIFS) has announced that the state has secured agreements from nearly all of the state's health insurers to extend their commitments to waive all out-of-pocket costs for COVID-19 testing, vaccines, and treatments.

The insurers who have agreed to waive cost-sharing are:

- Aetna
- Blue Cross Blue Shield of Michigan
- HAP, Alliance Health
- McLaren Health Plan
- Meridian Health Plan
- Molina Healthcare Michigan
- Oscar
- Physicians Health Plan (PHP)
- Priority Health

### **Aetna**

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

- Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice
- Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through January 31, 2021. Aetna self-insured plan sponsors offer this waiver at their discretion
- Cost share waivers for any in-network covered medical or behavioral health services telemedicine visit for Aetna Student Health plans are extended until January 31, 2021
- For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care and behavioral health through March 31, 2021. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members. A telehealth visit with a specialist provider will now result in the same cost share as an in-person office visit. Aetna Group Medicare retiree members should check to see their plan coverage
- 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 further notice. Please see Aetna's telemedicine Policy for specific coverage
- Aetna reimburses all providers for telemedicine at the same rate as in-person visits including behavioral services, except for some telephone-only services in commercial

plans. Telephone only services 99441 – 99443 are now set to equal 99212 – 99214 (e.g., 99441 is set to equate to 99212). This change will remain in effect until further notice

Aetna members in Commercial and Medicaid plans will not have to pay any out-of-pocket costs for a COVID-19 vaccine. For Medicare beneficiaries, CMS will cover the full cost of the vaccine, including those in a Medicare Advantage plan.

### **BCBSM/BCN**

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

Grid of the temporary changes due to COVID-19 pandemic:

<https://provider.bcbsm.com/therecord/commonDocs/c19/covid-19-temp-changes-due-to-pandemic.pdf>

### **Testing**

- Medically necessary COVID-19 diagnostic tests covered with no member cost share - until further notice
- Specific COVID-19 and influenza testing added to physician in-office laboratory testing (see COVID-19 patient testing recommendations for physicians) - until further notice
- COVID-19 specimen collection reimbursement increase and no member cost share - until further notice
- Laboratory testing network for COVID-19 expanded to be consistent with the Families First Coronavirus Response Act - until further notice
- Pharmacies can administer COVID-19 testing- until further notice

### **Treatment**

- Member cost share for COVID-19 treatment waived - until September 30, 2021
- Licensed practitioners can provide COVID-19 covered countermeasures via telehealth to members outside of their state of provider licensure - until further notice
- Member cost share for COVID-19 vaccine waived - until further notice

### **Telehealth**

- Incentives introduced through Blue Cross' PGIIP to encourage physician offices to used telehealth - until further notice
- HIPAA enforcement by the Office for Civil Rights relaxed to allow for use of remote communication technologies, such as Skype and Apple FaceTime, for telehealth visits - until further notice
- Telephone assessment and management services (98966-98968) covered for BCN Advantage members - until further notice
- Autism spectrum disorder services for assessment (97151) can be performed via telehealth and protocol modification (97155) can be performed by a parent or caregiver 100% of the time via telehealth - until further notice
- Intensive Outpatient Program and Partial Hospital Program Services covered for members vis telehealth - until further notice

- Direct-line AVA interventions (97153) covered for members via telehealth (consult the Guidelines for ABA interventions delivered via telemedicine document on website) - until further notice
- Autism spectrum disorder services for skills training (97154 and 97158) can be performed via telehealth - until further notice

#### **Utilization Management**

- Prior authorizations waived for diagnostic tests that are medically necessary if diagnosed with COVID-19 - until further notice
- Extended the benefit period for PT, OT, and ST from 60 to 270 days from the first treatment for BCN commercial members with a 60 consecutive day benefit - until further notice
- Extended the benefit period for cardiac and pulmonary rehabilitation from 90 to 270 days from the first treatment or qualifying even depending on member coverage (some Blue Cross national contracts have different cardiac rehab visit maximums and day limits. Check web-DENIS for specific benefits) - until further notice
- Clinical review requirements for admission to skilled nursing facilities suspended for hospitals at 85% or higher bed occupancy – through May 31 2021

#### **Pharmacy**

- Early medication refill limits on 30-day prescription maintenance medications waived for Medicare Plus Blue PPO and BCN Advantage members
- No-cost substitutions if drugs are out of stock - until further notice
- Pharmacies can administer COVID-19 testing – until further notice

#### **Claims**

- Increased fees for COVID-19 specimen collection - until further notice
- Blue Cross commercial, BCN commercial and BCN Advantage rate reimbursement increase for home health care and home infusion therapy for in-home care until further notice
- Blue Cross PPO commercial professional provider rate reimbursement increase for select procedure codes - until further notice
- 2% sequestration is suspended to applicable providers for Medicare Plus Blue and BCN Advantage reimbursement - until December 31, 2021

#### **HAP**

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

**HAP will extend the following member cost-sharing waivers for services rendered through September 30, 2021:**

- HAP will continue to waive member cost-sharing for COVID-19 diagnostic tests and test-related visits. This cost-sharing waiver applies to testing from in-network or out-of-network providers. Member cost-sharing for all other diagnostic tests will continue to apply. Self-insured employer group customers control their own health benefits, and HAP is working with its self-insured customers to determine how they will cover testing.

- HAP will continue to waive member cost-sharing for treatment related to an acute diagnosis of COVID-19 infection. This cost-sharing waiver is for inpatient or outpatient treatment from an in-network provider. HAP does not waive cost sharing for treatment of ongoing complications stemming from a previous COVID-19 diagnosis.
- HAP will continue to waive cost-sharing for its individual, fully insured employer group, Medicare, Medicaid and MI Health Link members using telehealth services related to a COVID-19 diagnosis. Member cost share will apply for telehealth services not related to an acute diagnosis of COVID-19 infection. Self-insured employer group customers control their own health benefits, and HAP is working with its self-insured customers to determine how they will cover telehealth services.
- There is no member cost to receive the vaccine.

## **HUMANA**

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

- Members will have no copays, deductibles or coinsurance for the **telehealth visits** outlined above
- For specialty **telehealth visits**, please verify member plan benefits as any applicable member cost-share would apply
- Medicaid plans will continue to follow state requirements for **telehealth services**
- Members will have no copays, deductibles or coinsurance for covered services for **treatment of confirmed** cases of COVID-19. Members are encouraged to check their plan documents for details about their 2021 coverage
- Medicaid plans will continue to follow state requirements for COVID-19 **treatment**
- Humana will waive member cost share in 2021 on COVID-19 **testing** and related services for Medicare Supplement, fully-insured group commercial and self-insured group commercial plan members during the COVID-19 public health emergency (PHE)
- Medicaid plans will continue to follow state requirements for COVID-19 **testing**
- Humana is allowing early refills on prescription medicines for Medicaid members and Medicare members with Part D prescription drug coverage, through April 21, 2021, including both MAPD and PDP members, so they can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate. Does not apply for Medicare Advantage only members.
- All FDA-authorized COVID-19 vaccines will be covered at no additional cost during the public health emergency. Coverage applies no matter where the Humana patient gets the vaccine -- including at both in-network and out-of-network providers

## **McLaren Health Plan**

<https://www.mclarenhealthplan.org/mhp/coronavirus-update-mhp>

- McLaren Health Plan will continue to provide COVID-19 testing and related treatment with no cost sharing through March 31, 2021

- The COVID-19 vaccine will be covered at no cost share for members when it becomes available
- McLaren Health Plan will pay an in-office or facility fee for the administration of the vaccine. Providers may not bill for the product if it was received at no cost
- Members who seek services at an out-of-network provider for treatment will be responsible for out-of-network cost share
- There is no cost-sharing for both in-network and out-of-network testing for COVID-19. This includes lab services and items and services related to when or how members receive the test. Services can take place at provider offices, urgent care centers, hospital emergency rooms or through telehealth visits
- There is no member cost-sharing for a telehealth visit nor any preauthorization requirements. Bill modifier -GT with the appropriate office call
- No authorization is required for any inpatient hospital stay at any in-network facility for any diagnosis
- No inpatient authorization is required for COVID-19 admission at in- or out-of-network facilities, including hospitals, SNFs, inpatient rehabs, LTACHs, transfers
- No authorization is required for COVID-19 testing at in- or out-of-network labs (CPT codes U0001, U0002, 87635)
- No authorization is required for any outpatient COVID-19 related services, including DME, oxygen, therapy, etc.

These benefits apply to McLaren Health Plan Medicaid, Health Advantage, Community and Exchange members. **This may not apply to self-funded or high-deductible health plans.**

### **The Centers for Medicare and Medicaid Services (CMS)**

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

### **Medicaid**

[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_98156---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98156---,00.html)

### **Medicare**

[https://www.wpsgha.com/wps/portal/mac/site/home/footer-resources/coronavirus/!ut/p/z1/hY7BDolwEES\\_iOwKilyJURpCoyetezENKdhEu6QFD3691XgV9zbZN5MHBArI6Yft9WjZ6VvMZ8ovByFysSiw2acSsZS7Y7Ytmng9XMHpH0DxjT-uRkg\\_wEw\\_GqRebmQPNOjxmljXMaiOeTQ-8Sbw5FsTQLXs-a3upxClaGY2wyr7AjiNiw109G4H2BXIaPEo!/dz/d5/L2dBISEvZ0FBIS9nQSEh/#](https://www.wpsgha.com/wps/portal/mac/site/home/footer-resources/coronavirus/!ut/p/z1/hY7BDolwEES_iOwKilyJURpCoyetezENKdhEu6QFD3691XgV9zbZN5MHBArI6Yft9WjZ6VvMZ8ovByFysSiw2acSsZS7Y7Ytmng9XMHpH0DxjT-uRkg_wEw_GqRebmQPNOjxmljXMaiOeTQ-8Sbw5FsTQLXs-a3upxClaGY2wyr7AjiNiw109G4H2BXIaPEo!/dz/d5/L2dBISEvZ0FBIS9nQSEh/#)

### **Meridian**

<https://corp.mhplan.com/en/covid-19/>

## **Vaccines**

- Meridian will configure its systems properly adjudicate COVID-19 vaccine-related claims, both for the vaccine and its administration, in accordance with Michigan's coverage determinations for Medicaid beneficiaries
- Member liability will be \$0
- Non-participating provider pre-auth requirements will be waived
- Provider reimbursement rates and emergency use authorizations (EUA) are all still pending and we will update you as that information becomes available

## **Molina**

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

Molina is covering the cost of COVID-19 related to out-of-pocket medical expenses, including office visits, urgent care, and ER visits associated with testing and treatment of COVID-19.

Molina and our pharmacy partner CVS Pharmacy are increasing access to prescriptions by providing:

- Early refills, members can receive early refills on medications. All pharmacies may fill an additional 30-day supply of most medications twice, allowing up to a 90-day supply
- Free Delivery, we have waived delivery fees for all CVS pharmacy prescription medications
- Home delivery, members can receive CVS pharmacy prescription medications delivered directly to their door
- Molina expanded free access to Telehealth for all members, to make it easier to connect with health care providers from the comfort and safety of home

## **PHP**

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

## **Testing**

PHP has waived Member cost share (copays, coinsurance, and deductibles) for in-network COVID-19 testing through June 30, 2021. Please note, in order for member cost share to be waived and the costs of the test covered:

- The test must be ordered by an in-network medical provider.
- The test must be considered medically necessary, which is determined by and appropriately coded by your ordering medical provider.
- The cost of COVID-19 testing is not covered as a condition of employment or returning to work, as outlined in your Evidence of Coverage.

COVID-19 testing performed by an out-of-network provider is covered as outlined by your healthcare coverage and member cost share will apply as.

If you are experiencing COVID-19 symptoms, we encourage you to call your provider's office or use a telehealth option first. Your provider will help you determine if you need testing and how to get that testing.

### **Treatment**

PHP has waived Member cost share (copays, coinsurance, and deductibles) for the treatment of COVID-19 through June 30, 2021, when provided by an in-network provider. This applies to both outpatient and inpatient COVID-19 treatment, and when COVID-19 is the primary diagnosis.

Waiving member cost share of COVID-19 treatment does not apply to prescription medications as there is currently no official drugs for COVID-19.

### **Vaccine**

When the COVID-19 vaccine is available to the public, PHP member cost share will be waived for both the vaccine and the administration of the vaccine. In order to be covered, the vaccination must be given by an in-network primary care provider (PCP) or participating in-network pharmacy.

### **Prescriptions**

**Early Refill Limits Waived:** To help members get their prescription medications during the COVID-19 pandemic, PHP has waived early prescription refill lockouts to ensure an adequate supply through June 30, 2021. Members can now receive up to a 90-day supply, retail or mail, of prescription medication at one time. Member copays apply and are based on a member's specific benefit plan. Note that this extended supply does not apply to controlled substances, narcotics, or specialty medications.

**Prescription Prior Authorizations Extended:** Many existing pharmacy prior authorization set to expire between December 31, 2020 and April 30, 2021, are extended for an additional 90 days. New prescriptions that require prior authorization are not included in the extension and will require to go through the prior authorization process. For specific questions about your prescription prior authorization, please contact PHP Customer Service using the number on the back of your ID card.

### **Priority Health**

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

Priority Health will continue to waive all copays, deductibles and coinsurance for medically necessary treatment of COVID-19 through September 30, 2021.

This means all fully funded commercial, individual, Medicaid and Medicare members can get the treatment they need for COVID-19 with no out-of-pocket health insurance costs.

Covered treatment may be inpatient or outpatient from an in-network provider. Patients must have a confirmed primary COVID-19 diagnosis and be receiving evidence-based care for treatment to be fully covered.

- For pharmacy prior authorizations set to expire, we've extended the approval date by 90 days from the date it was set to expire until further notice
- Early refills for chronic medications until further notice
- Removal of all out-of-network rendering site restrictions for Medicare Advantage and Medicaid until further notice
- Movement all eviCore authorizations to a 180-day period, dependent on continuous enrollment at the time of service until further notice
- Extension of prior authorizations for elective procedures approved prior to the COVID-19 outbreak that were canceled or are pending rescheduling for members who have continuous enrollment in their plan at the time of service through July 31, 2021
- Coverage of virtual visits with \$0 cost share for virtual visit codes 99441-99443, 99421-99423 and 98970-98972 through December 31, 2021
- Coverage of telehealth at \$0 cost share for most members, including virtual visit codes and all routine practice codes done with audio and visual component through December 31, 2021 (check patient benefits to determine if they have a cost share)
- Reimbursement of telehealth services at in-person rate through December 31, 2021
- Allowance of telehealth visits for Advanced Health Assessments, when both audio and visual component are present until further notice
- Temporary suspension of the requirement for HIPAA compliant systems for virtual visits and telehealth until the end of the PHE
- Audio-only visits acceptable; provider must bill using audio only visit codes 99441-99443 and 98966-98968 through December 31, 2021

### **Total Healthcare**

[https://thcmi.com/PDF/providers/PDF/Provider\\_COVID19.pdf](https://thcmi.com/PDF/providers/PDF/Provider_COVID19.pdf)

From February 4, 2020 through June 30, 2021, THC will cover 100% of the cost (waiving deductibles, coinsurance and co-pays) of the following COVID-related services when medically necessary:

- COVID-19 screening and antibody testing (see additional details below).
- Other services related to diagnostic testing and the administration of the test, such as office visits, blood draws or specimen handling.
- Virtual Care
- Vaccine



Effective March 1, 2020 through June 30, 2021, we will 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 July 1, 2020, we will pay according to the non-facility Medicaid rate and no longer require a COVID diagnosis to waive patient cost share. The visit must follow the guidelines for the code billed, including time requirements.

Any credentialed practitioner can conduct a telemedicine visit, including wellness visits, and bill with a Place of Service 02 and the appropriate modifier, which identifies the visit as being virtual.

For example, office procedures billed with an evaluation and management (E/M) code of 99201-99215, when performed in real-time by credentialed providers through an interactive tool that can be audio-only, can have a Place of Service 02 with modifier added and receive the standard non-facility-based rate.

You cannot:

- Use codes that specify in-person or describe services that can only be performed in person
- Bill for services you're not contracted to provide
- Perform services outside of your scope of practice, licensure or credentialing
- Bill behavioral health codes; Beacon Health is providing telemedicine visits without cost-sharing through their provider network.

### **United Healthcare (UHC)**

The national public health emergency has been extended from April 20, 2021 to July 19, 2021. Below is an overview of how that extension affects temporary provisions for COVID-19 testing and testing-related services.

Complete details on these temporary cost share waivers are available at [UHCprovider.com/COVID19](https://UHCprovider.com/COVID19) and in the [Summary of COVID-19 Temporary Program Provisions](#).

- **Individual Exchange, Individual and Group Market health plans:** From Feb. 4, 2020 through the national public health emergency period, UnitedHealthcare is waiving cost sharing for in-network and out-of-network COVID-19 tests and testing-related services, including testing-related telehealth visits.
- **Medicare Advantage:** From Feb. 4, 2020 through the national public health emergency period, UnitedHealthcare is waiving cost sharing for in-network and out-of-network tests for COVID-19.
- **Medicaid:** State-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your state-specific website or your state's UnitedHealthcare Community Plan website, if applicable.

To help you submit claims for COVID-19 testing, treatment and vaccines, UHC has updated the [COVID-19 Billing Guide](#):

- **COVID-19 testing:** Clarified effective dates for Z codes, how to bill for E&M services, and added an additional CPT code for Medicare billing.
- **Urgent care vaccine administration:** Added information and codes for COVID-19 vaccinations that take place at in-network urgent care facilities that are contracted with an all-inclusive rate.
- **Services received during vaccination appointments:** Members will not have any out-of-pocket cost share for the COVID-19 vaccine or vaccine administration through the national public health emergency period. They may be responsible for the copays, coinsurance, deductibles or out of-network charges for any additional services received during the vaccination appointment.

**Up-front member payments:** At the time of service, you should not ask UnitedHealthcare members for payment of any costs associated with the COVID-19 vaccine. Eligible members receiving the vaccine will not have any out-of-pocket cost share (copayment, coinsurance or deductible) through the national public health emergency period, whether for the vaccine or the vaccine administration.

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