

Important Updates and Payer COVID-19 Resources

The national Public Health Emergency (PHE) is currently in effect until October 18, 2021.

The Michigan Department of Insurance and Financial Services (DIFS) have 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.html>

- Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice
- 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

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

Telehealth

- Incentives introduced through Blue Cross' PGIP to encourage physician offices to use 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 via 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

Pharmacy

- Early medication refill limits on 30-day prescription maintenance medications waived for Medicare Plus Blue PPO and BCN Advantage members - until further notice
- 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

***Some commercial self-funded groups are extending the waiver of member cost share. In addition, some Medicare groups have a different end date for the waiver of member cost share. Physicians are encouraged to submit claims to Blue Cross and BCN and wait for the voucher before charging member cost share, if applicable.**

HAP

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

Beginning October 1, 2021, coverage for the treatment of COVID will return to the standard benefit.

HAP will continue to waive member cost-sharing for COVID-19 diagnostic tests and test-related visits and the COVID-19 vaccine for all lines of business during the public health emergency according to the state and federal guidelines, in accordance with the CARES Act and Families First Coronavirus Response Act (FFCRA).

HUMANA

<https://www.humana.com/provider/coronavirus>

- 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 through October 18, 2021, for Medicaid members and Medicare members with Part D prescription drug coverage, 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.

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 September 30, 2021
- 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

Medicare

https://www.wpsgha.com/wps/portal/mac/site/home/footer-resources/coronavirus/!ut/p/z1/hY7BDolwEES_iOwKilyJURpCoyetezENKdhEu6QFD3691XgV9zbZN5MHBArl6Yft9WjZ6VvMZ8ovByFysSiw2acSsZS7Y7Ytmng9XMHpH0DxiT-uRKg_wEw_GqRebmQPNOjxmIjXmaiOeTQ-8Sbw5FsTQLXs-a3upxClAGY2wyr7AjNiw109G4H2BXIaPEo!/dz/d5/L2dBISEvZ0FBIS9nQSEh/#

Meridian

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

Meridian is following Medicare and Medicaid guidance on COVID-19 testing, treatment and vaccines.

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 December 31, 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 December 31, 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.

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 December 31, 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 authorizations set to expire between now and December 31, 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.

Telehealth

PHP is extending \$0 member cost share for telehealth services through December 31, 2021. There are two ways to access telehealth services.

PHP is encouraging members to utilize alternative methods to in-person visits with their doctors. Contact your provider's office to inquire if telemedicine visits are provided. These types of visits are covered just as they would be in the doctor's office. PHP has waived member cost share for telemedicine services offered by a provider's office.

In addition, Physicians Health Plan has expanded telemedicine coverage through December 31, 2021, to include:

- Applied Behavioral Analysis Therapy for the Treatment of Autism Spectrum Disorder
- Physical Therapy, Occupational Therapy, Speech Therapy
- Prenatal Care

Priority Health

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

Member coverage and costs for COVID-19 testing

Copays and deductibles are waived for COVID-19 tests deemed medically necessary by a doctor. This means there is no member copay, deductible or coinsurance for diagnostic testing of COVID-19. The test must be ordered by a physician or advanced practice provider (APP), a physician assistant or nurse practitioner. We only cover one COVID-19 test per day.

Member coverage and costs for COVID-19 treatment

COVID-19 treatment is available to our members with no out-of-pocket health plan costs when received from an in-network provider between the dates of March 11– September 30, 2021.*

- 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.
- 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. We encourage members to receive care from providers in our network.

Learn more or share information with your patients using our [COVID-19 FAQ page for members](#).

**Employer plans that are self-insured determine benefit coverage for their employees and dependents at their discretion.*

Member coverage and costs for virtual visits

Member costs for telehealth services vary by plan. Many plans that had \$0 cost share have returned to the member's standard benefit offering. Some plans will continue to have \$0 cost share through December 31, 2021**.

For more information about billing for virtual visits, HIPAA requirements, telehealth policies and more, visit our [COVID-19 virtual visits information page for providers](#).

***Beginning January 1, 2021, our standard benefit offering continues to include \$0 virtual care services for fully funded plans. Among large and small groups, there are variations of benefit coverage and members may have costs, for example, grandfathered plans, union negotiations, non-standard plans, etc. Employer plans that are self-funded determine benefit coverage for their employees and dependents at their discretion. Excludes telehealth visits as part of telehealth-first PCP plans. Our Vital Medicare plan has a 20% coinsurance for virtual visits.*

Total Healthcare

https://thcmi.com/PDF/providers/PDF/Provider_COVID19.pdf

From February 4, 2020 through September 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

Effective March 1, 2020 through September 30, 2021, THC 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.

Given the government's notification, THC temporarily suspending the requirement for HIPAA compliant systems and are also allowing for real-time, interactive audio-only telehealth

encounters to service patients who don't have internet access or audio-visual capabilities. This means that if you don't have a virtual care tool in place, you can use nonpublic facing tools, like FaceTime, Facebook Messenger video chat, Skype, etc. You cannot use public-facing tools like Facebook Live, TikTok or chat rooms like Slack. See the Office for Civil Rights FAQ for more information.

Visit codes billable by physicians THC reimburses fee-for-service for the below listed codes when billed with POS 02 on a professional claim. Co-pays and deductibles will apply based on office visits. Claims will be reimbursed based on the non-FAC fee at your contractual rate as of June 1, 2020.

- Telephone Visits – Medicaid and Commercial
 - o 99441
 - o 99442
 - o 99443
- Evaluation & Management Codes – Commercial and Medicaid
 - o GT modifier is required for Medicaid
 - o Commercial can bill with modifiers GT or 95

United Healthcare (UHC)

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

- **Individual Exchange, Individual and Group Market health plans:** From February 4, 2020 through the national public health emergency period, currently scheduled to end October 17, 2021. 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 February 4, 2020 through the national public health emergency period, currently scheduled to end October 17, 2021. 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.

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