

Yellow – new question. Blue – Updated Answer

Industry Guidelines:

Question	Answer: 03-13-20
Is there a COVID-19 specific Diagnosis Code?	Yes. diagnosis code [U07.1, COVID-19] effective on 04/01/2020 https://www.cdc.gov/nchs/icd/icd10cm.htm
How will COVID-19 testing be priced once the codes go into effect?	CMS pricing guidelines were released on March 12 th . https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf
Will there be a waiver for High Deductible Health Plans (HDHP) to allow COVID-19 testing , as preventive, so that testing can be covered at 100% before deductible	From the IRS: Health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met.” IRS guidance concerning HDHPs also allows plans to cover “all medical care services received and items purchased associated with testing for and treatment of COVID-19 that are provided by a health plan.” https://www.irs.gov/pub/irs-drop/n-20-15.pdf

Provider Practices:

Question	Answer: 03-13-20, 03-15-20
Can I bill <i>outpatient</i> COVID testing to the health plan or do I bill the patient or both?	<ul style="list-style-type: none"> • Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans <p>Per Emergency-Order EMERGENCY ORDER NO. 20-01 Until May 4th , all “ state-regulated health insurance plans and short-term limited duration medical plans” are to cover the entire cost, prior to deductible and with no patient cost share, of the COVID-19 test (CPCS billing code - U0002) for patients who meet the CDC criteria for testing.</p> <p>If the patient is seen in a doctor’s office the associated E&M visit is also covered by the health insurance plan, prior to deductible and with no patient cost share, if it is billed with diagnosis code U07.1</p> <p>https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf</p>

Question	Answer: 03-13-20, 03-15-20
	<p>(https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf)</p> <ul style="list-style-type: none"> Medicare Advantage Plans Per CMS Guidelines <ul style="list-style-type: none"> - Waiving cost-sharing for COVID-19 tests - Waiving cost-sharing for COVID-19 treatments in doctor’s offices or emergency rooms and services delivered via telehealth - Expanding access to certain telehealth services <p>https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19.</p> <p>https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf</p> <ul style="list-style-type: none"> ERISA/Self-funded employers or Unions These types of plans may not have agreed to waive cost-share <p>Health plan specific information can be found in the health plan section below</p>
<p>If/how does the Emergency Order apply to COVID testing in the Emergency Department or Urgent Care ?</p>	<p><<Waiting for direction from the OIC>></p>
<p>Why are my COVID testing claims being rejected and what should I do?</p>	<p>A health plan may not have yet loaded the new COVID codes into their system, (Claims will automatically reject if the codes are not in the health plan payment system)</p> <ol style="list-style-type: none"> 1. Check the health plan response to the question of when should providers submit claim? 2. Resubmit any rejected COVID claims after that time.

Health Plan Policies, Procedures and Practices:

A. Billing under the Emergency Order

For all of your plans, will you cover 100% of the cost of COVID testing in an outpatient setting without patient deductible or cost share?		Comments
Consensus Position	Most	Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage.
Aetna	Most	Aetna will waive co-pays for all diagnostic testing related to COVID-19. This policy will cover the test kit for patients who meet CDC guidelines for testing, which can be done in any approved laboratory location. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all Commercial, Medicare and Medicaid lines of business. Self-insured plan sponsors will be able to opt-out of this program at their discretion
Amerigroup	Yes	Health plan has no Self-insured plan sponsors
CHPW	Yes	Health plan has no Self-insured plan sponsors
Cigna	Most	Self-insured plan sponsors will be able to opt-out of this program at their discretion
Coordinated Care	Yes	When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician visit. Copayment, coinsurance and/or deductible cost-sharing requirements will be waived for medically necessary COVID-19 diagnostic testing and/or medical screening services.
First Choice (TPA and PPO)	Unknown	First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits. As an administrator for our self-funded health Plans, the majority of our Plans are covering testing without cost sharing. For individual Plan specifics, you will have to confirm benefits.
KP-NW	Yes	Most of our health plans require use of in-network providers for non-emergency services, and the COVID-19 testing and visit would be covered without deductible or cost-sharing. If a health plan covers services from out-of-network providers, then the COVID-19 testing and visit would be covered from those providers without deductible or cost-sharing. We monitor access to in-network providers, and if members cannot access care from an in-network provider, we will assist

For all of your plans, will you cover 100% of the cost of COVID testing in an outpatient setting without patient deductible or cost share?		Comments
		members in accessing care from out-of-network providers, and in such circumstances the COVID-19 testing and visit will be covered without deductible or cost-sharing. Health plan has no Self-funded plan sponsors
KP -WA	Most	Most of our health plans require use of in-network providers for non-emergency services, and the COVID-19 testing and visit would be covered without deductible or cost-sharing. If a health plan covers services from out-of-network providers, then the COVID-19 testing and visit would be covered from those providers without deductible or cost-sharing. We monitor access to in-network providers, and if members cannot access care from an in-network provider, we will assist members in accessing care from out-of-network providers, and in such circumstances the COVID-19 testing and visit will be covered without deductible or cost-sharing. Self-insured plan sponsors will be able to opt-out of this program at their discretion
Molina	Yes	Health plan has no Self-insured plan sponsors
Pacific Source	Most	Self-insured plan sponsors will be able to opt-out of this program at their discretion
Premera	Most	Self-insured plan sponsors will be able to opt-out of this program at their discretion
Providence		
Regence	Most	We will cover the cost of the COVID-19 test and an associated office visit with no cost-share for fully insured members – including members of high-deductible plans – if a provider determines the COVID-19 test is necessary. We are working with our self-funded employers to implement similar cost share arrangements when directed, and with federal officials to ensure coordination of benefits for Medicare members.
UHC	Most	UnitedHealthcare is waiving member costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members.

For all of your plans, will you cover 100% of the cost of COVID testing in an outpatient setting without patient deductible or cost share?	Comments
	We are also supporting self-insured employer customers who chose to implement similar actions.

Under the Emergency Order, health plans will cover the entire cost, prior to deductible and with no patient cost share, of code U0002 (COVID testing) and, in the outpatient setting, the associated E&M visit (with diagnosis code of U07.1).		
In situations where U0002 is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?	Comments	
Consensus Position		
Aetna		
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		
Regence		
UHC		

When do you anticipate that providers should submit claims to you for COVID testing?		Comments
Consensus Position	Now	Claims can be submitted now, in some cases, the health plan will hold claims until the systems are configured (with pricing) to process the claims accurately
Aetna	TBD	Aetna expects labs to hold off on claims processing due to final pricing not being completed and reimbursement codes not yet being finalized. Aetna expects it will have final pricing completed in early March, and Aetna anticipates providers to use reimbursement rates once formalized by Medicare. Please refer to https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
Amerigroup	Now	Provider can submit claims for COVID testing (retroactive to 2/4/20 dates of service) at any time. Amerigroup will hold claims until our systems are configured to process the claims accurately.
CHPW	Now	Provider can bill for dates of service 02/01/2020 and forward
Cigna	04/01	Laboratories are asked to hold any claims for COVID-19 using code this until April 1, 2020 to ensure proper reimbursement.
Coordinated Care	Now	The new codes are loaded in our system to pend until configuration is complete; once complete, we will release the claims for payment. If you submitted claims previously that rejected, please resubmit your claim.
First Choice (TPA and PPO)	Now	Codes are loaded and claim won't reject. However, coverage, i.e. patient responsibility amount, could vary by payer.
KP-NW	04/01	Kaiser Permanente systems are currently accepting claims and placing any COVID-19 claims in a hold status as coding and pricing information continues to be updated. Claims can be submitted and will be processed manually at this time, our configuration for automatic processing is targeted to be ready by 4/1.
KP-WA		
KP-NW	04/01	Submitted COVID-19 claims will be placed in a hold status until coding and pricing information is updated in the system. Our configuration for automatic processing is targeted to be ready by 4/1.
KP-WA	Now	COVID-19 claims can be submitted and will be processed manually at this time. Our configuration for automatic processing is targeted to be ready by 4/1.
Molina	Now	
Pacific Source	Now	Submit claims using the correct CPT codes; claims that are denied should be resubmitted with the correct codes
Premera	Now	
Providence		

When do you anticipate that providers should submit claims to you for COVID testing?		Comments
Regence	Now	We are setup with the codes in the system, however pricing is still outstanding. As of today, claims will pend but we have not received any COVID-19 testing claims. We are monitoring our claims daily.
UHC	TBD	Providers and laboratories are asked to hold any claims for COVID-19 until final codes are released to ensure proper reimbursement.

B. Alternative Treatment Locations

Are ED services provided in tents and patient cars covered and if so, how should they be billed?		Comments
Consensus Position:		
Aetna		
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		
Regence		
UHC		

Are outpatient services provided in patient cars covered and if so, how should they be billed?		Comments
Consensus Position:		
Aetna		
Amerigroup		
CHPW		
Cigna		

Are outpatient services provided in patient cars covered and if so, how should they be billed?		Comments
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		
Regence		
UHC		

Are services provided in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?		Comments
Consensus Position:		
Aetna		
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		
Regence		
UHC		

C. Telehealth

Per HHS announcement re telehealth: www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

What provider-patient interaction methods will be considered telehealth and how should they be billed?		Comments
Consensus Position:		
Aetna		
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		
Regence		
UHC		

Will a phone call with a patient be considered telehealth if there is no video feed, i.e. just voice interaction over the phone? If so, how should it be billed?		Comments
Consensus Position:		
Aetna		
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-NW		
KP -WA		
Molina		
Pacific Source		
Premera		
Providence		

Will a phone call with a patient be considered telehealth if there is no video feed, i.e. just voice interaction over the phone? If so, how should it be billed?	Comments
Regence	
UHC	

Will telehealth be a covered service for patients new to that provider?	Comments
Consensus Position:	
Aetna	
Amerigroup	
CHPW	
Cigna	
Coordinated Care	
First Choice (TPA and PPO)	
KP-NW	
KP -WA	
Molina	
Pacific Source	
Premera	
Providence	
Regence	
UHC	