

Industry Guidelines:

Question	Answer: 03-13-20
How will COVID-19 testing be priced once the codes go into effect?	<p>CMS pricing guidelines were released on March 12th.</p> <p>https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf</p>
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	<p>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.”</p> <p>https://www.irs.gov/pub/irs-drop/n-20-15.pdf</p>

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"> • <i>Plans that are regulated by the Office of the Insurance Commissioner</i>, 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) and the associated E&M visit for patients who meet the CDC criteria for testing.</p> <p>https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf</p> • <i>Medicare Advantage Plans</i> <p>Per CMS Guidelines</p> <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>

Question	Answer: 03-13-20, 03-15-20
	<p>https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf</p> <ul style="list-style-type: none"> • <i>ERISA/Self-funded employers or Unions</i> 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>Can I bill <i>Emergency Department or Urgent Care</i> COVID testing to the health plan or do I bill the patient or both?</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:

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 <i>all diagnostic</i> 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.

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
		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	Health plan has ALL Self-insured plan sponsors
KP-NW	Yes	<p>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.</p> <p>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.</p> <p>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.</p> <p>Health plan has no Self-funded plan sponsors</p>
KP -WA	Most	<p>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.</p> <p>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.</p>

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
		<p>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.</p> <p>Self-insured plan sponsors will be able to opt-out of this program at their discretion</p>
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	<p>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.</p> <p>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.</p>
UHC	Most	<p>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.</p> <p>We are also supporting self-insured employer customers who chose to implement similar actions.</p>

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	Providers and 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.

When do you anticipate that providers should submit claims to you for COVID testing?		Comments
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		
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.

Will health plans reimburse contracted providers for COVID-19 telemedicine visits?		Comments
Consensus Position	Yes	Where a HIPAA compliant platform/application is in place.
Aetna	Yes	For the next 90 days, Aetna will offer zero co-pay telemedicine visits for any reason. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial plan designs. Self-insured plan sponsors will be able to opt-out of this program at their discretion.
Amerigroup	Yes	The Health Care Authority (HCA) distributed information regarding each Medicaid Managed Care Organization's policy and payment information regarding telemedicine. In addition, our telehealth provider, <u>LiveHealth Online</u> , is a safe and effective way for members to see a provider and receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam. Please see Telemedicine FAQ (https://providers.amerigroup.com/Public%20Doc)

Will health plans reimburse contracted providers for COVID-19 telemedicine visits?	Comments	
		uments/WAWA_CAID_PU_TelemedicineFAQ.pdf) for Amerigroup information
CHPW	Yes	Supporting and reimbursing telemedicine visits to the extent allowable by law/contract, and looking for way to enhance this offering.
Cigna	Yes	
Coordinated Care	Yes	<p>For our Medicaid plan, we follow all HCA published guidance on billing for telemedicine services.</p> <p>For our Ambetter Marketplace plan, telehealth services are provided through Teledoc. Please visit our Telehealth page at: https://ambetter.coordinatedcarehealth.com/benefits-services/ambetter-telehealth.html</p>
First Choice (TPA and PPO)	To be determined	Coverage will likely vary by payer.
KP-NW	Yes	Contracted providers who have HIPAA compliant applications/platforms and have a contracted rate with Kaiser Permanente will be reimbursed. Providers are encouraged to confirm with their Kaiser Permanente representative.
KP-WA		
Molina	Yes	<p>For Medicaid members, telemedicine visits are covered per the Health Care Authority (HCA) coverage policy.</p> <p>Marketplace members receive telemedicine visits at no cost share (for Covid or non-COVID related visits).</p> <p>Our telemedicine policy is available to providers through Molina's Provider Portal and the Provider Landing Page.</p>
Pacific Source	Yes	Our telemedicine policy is available to providers on our website.
Premera	Yes	<p>Yes – where a HIPAA compliant platform/application is in place. A telemedicine summary that outlines the following should be available:</p> <ul style="list-style-type: none"> • Time spent on the call • Telemedicine codes <p>Providers without a HIPAA compliant platform/application to do telemedicine visits should contact health plan for confirmation. A decision will be made on a case by case basis.</p>

Will health plans reimburse contracted providers for COVID-19 telemedicine visits?		Comments
Providence		
Regence	Yes	Providers without a HIPAA compliant platform/application to do telemedicine visits should contact health plan for confirmation. A decision will be made on a case by case basis.
UHC	Yes	Through April 30 th , UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction for Medicare Advantage, Medicaid and commercial members, so that care providers can bill for telehealth services performed while a patient is at home. UHC will reimburse telehealth services, which are: (1) recognized by CMS and appended with modifiers GT or GQ and (2) recognized by the AMA included in Appendix P of CPT and appended with modifier 95.

<p>Given the crisis situation, public health encouragement of social distancing and the need to prevent infection of non-COVID patients -- some providers are using alternative treatment areas to provide COVID-19 related care and non-COVID-19 care, e.g.</p> <ul style="list-style-type: none"> • An emergency tent set up as an extension of the ED • Outside the ED or free-standing clinic while the patient is in their car. • On the phone with the patient in their home 		
<p>Will health plans reimburse for healthcare provided in alternative treatment locations and under what conditions?</p> <ul style="list-style-type: none"> • COVID-care? • Non-COVID-care? 		Comments
Consensus Position	???	
Aetna		Under Discussion
Amerigroup		
CHPW		
Cigna		
Coordinated Care		
First Choice (TPA and PPO)		
KP-WA		
KP-NW		

KP-WA	
Molina	
Pacific Source	
Premera	
Providence	
Regence	
UHC	