

To: TennCare Providers
From: Stephen Smith, Director
Victor Wu, Chief Medical Officer
Date: March 17, 2020
Re: **Novel COVID-19 Testing and Telehealth Services for TennCare Enrollees**

Dear TennCare Providers,

Thank you for all that you are doing to provide care to our TennCare members during the novel COVID-19 epidemic. TennCare and our health plans, Amerigroup, BlueCare Tennessee, UnitedHealthcare Community Plan, are fully committed to supporting our members to continue receiving the high-quality care they are accustomed. We are also committed to supporting our front-line providers delivering this essential care. TennCare and our health plans are meeting frequently to identify proactive solutions and to respond to opportunities that will help serve the needs of our members and providers as the COVID-19 situation continues to evolve. All of us are consistently evaluating and implementing TDH and CDC clinical treatment recommendations and guidelines around limiting the spread of disease.

To that end, our health plans are all committed to assisting providers in offering telehealth and telephonic services to TennCare members during this time. TennCare has worked with each of our health plans to align policies for telehealth services where possible while still rapidly deploying telehealth solutions immediately for providers and our members. All of our TennCare health plans will allow “home” as an originating site during the COVID-19 national emergency.

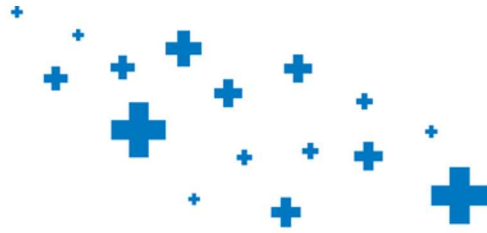
Please see the attached guidance from each health plan as it relates to telehealth and telephonic services for TennCare enrollees. The guidance includes billing, coding, and coverage procedures for telehealth services. Additionally, each health plan is following recommended federal COVID-19 diagnostic testing guidance and has provided billing references for testing as well. Lastly, each health plan will continually update their website with essential COVID-19 guidance for providers so please continue to check regularly for new information. If you have additional questions, reach out directly to your health plan provider representative. TennCare will continue to share important developing information to our providers throughout this time.

For additional public health and provider guidance from the TN Department of Health, please visit:
<https://www.tn.gov/health/cedep/ncov.html>

For additional TennCare notices or future guidance from TennCare, please visit:
<https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>



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COVID-19 Information from BlueCross BlueShield of TN (BCBST)

Applies to all BCBST Products – Commercial, Medicare & Medicaid

BCBST is dedicated to supporting the provider community in ensuring our members continue to receive the high-quality care during this COVID-19 pandemic. BCBST teams are monitoring COVID-19 news and guidance from WHO, the Centers for Disease Control and Prevention (CDC), and state and local health departments. We want our members and providers to know that we are here for support. The most recent information can be found on our website, including reimbursement policies, telehealth services, coding, links to resources, and coverage.

Related Resources:

<https://bluecare.bcbst.com/>

<https://www.bcbst.com/>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.tn.gov/health/cedep/ncov.html>

We're providing answers and updates to questions our providers are asking. We'll keep updating this list as we learn more in this changing situation.

Q. Will COVID-19 testing be covered for my patients?

Yes. We'll cover our members' copay and waive their cost-share for any appropriate FDA-approved tests and those currently pending FDA approval you order at this time. This applies for testing through providers outside our network. This may not apply to members of some employer self-funded groups.

Q. Once available, will a COVID-19 vaccine be covered for my patients?

Yes. We'll cover vaccines developed and approved to treat COVID-19 when available. Member cost-sharing may apply based on benefit plan.

Q. Will my recommended treatments for symptoms of COVID-19 be covered for my patients?

Yes. We'll cover the care you order for members with COVID-19 to help relieve symptoms, just as we would with any other viral respiratory infection. Your patients' care will be covered under their usual benefit with the same cost-share.

Q. Will BlueCross cover telehealth (telephonic or virtual) consultations with my patients?

Yes. You may bill for telehealth in two ways. From now until April 30, you can use CPT codes 99441–99443 for telephonic provider-to-member consultation. This applies to all lines of business' PCP or specialist benefits. You can also bill for virtual and telephonic consults with your patients by using E&M codes 99201–99215 from now through April 30. For behavioral health consultations, use codes 90791, 90792, 90832,

90834 and 90837. Please use place of service 02 for all of these options. Pricing for these services would be consistent with your BlueCross fee schedule.

Q. Can I bill BlueCross for medical supplies such as masks, gloves and disinfectant given to my patient?

No. We don't cover these supplies under our health plans.

Q. Will BlueCross cover a hospital quarantine stay for a patient diagnosed with COVID-19?

Yes. If you order a patient be admitted to the hospital and quarantined, we'll cover it under their usual inpatient benefits with the same cost-share.

Q. Can I refer patients to use telehealth services to protect them and others from transmission of disease during a possible outbreak?

Yes. We encourage our patients to use their PhysicianNow powered by MDLive® telehealth benefits, if they have them. We also encourage patients to avoid using the emergency room, except in a true medical emergency, to prevent the spread of illness.

Q. Can my patients stock up on prescriptions to avoid increased risk of exposure with multiple trips to the pharmacy?

Yes. For members who have BlueCross pharmacy benefits, we're allowing early refills on most medications, and we also encourage 90-day fills for chronic medications. Controlled substances, such as opioids, and some specialty drugs are excluded from this change. Some members may have a mail-order benefit, if they want to avoid going to the pharmacy.

Q. Will I have to get a prior authorization for testing or treatment of COVID-19?

No. Prior authorization won't be required.

Q. Do you have a list of testing sites?

The CDC has linked to each state's department of health contact information for testing. You can view it here: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

Q. What codes should be utilized for billing COVID-19 laboratory tests?

The Center for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) have indicated to bill the following codes:

U0001	CDC testing laboratories to test patients for SARS-CoV-2
U0002	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

COVID-19 Information for Care Providers

UnitedHealthcare Community Plan of Tennessee – March 17, 2020

UnitedHealthcare Community Plan is dedicated to supporting the provider community with efforts to combat the COVID-19 pandemic. The most recent information can always be found on our website, including detailed information regarding reimbursement policies, telehealth services, coding, and coverage.

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>

TennCare - Telehealth

Effective immediately, UnitedHealthcare is expanding our policies around telehealth services for our Medicare Advantage, Medicaid and commercial membership, making it even easier for patients to connect with their health care provider.

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.

Specifically for TennCare claims, no telehealth modifiers will be required when submitted with place of service telehealth (POS 02).

This change in policy is effective until April 30, 2020, but we may extend that date if necessary and will communicate through all appropriate channels. Your office can receive up to the minute changes by accessing information at <https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html>.

Virtual Check-In, Including Telephone

Effective immediately through April 30, 2020, our Medicaid plans will reimburse for "virtual check-in" patients to connect with their doctors remotely. These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available). These services can be billed when furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

UnitedHealthcare will also reimburse for patients to communicate with their doctors using online patient portals, using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.

Preferred Billing Instructions for COVID-19 Laboratory Testing

UnitedHealthcare is monitoring the diagnosis coding and reimbursement guidelines published by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and other national and local resources to establish and update coding guidelines and reimbursement policies.

Guidelines regarding coding for services rendered can be accessed from the UnitedHealthcare website for up to the date information, including procedure codes, interim diagnosis codes, and reimbursement rates for laboratory testing at <https://www.uhcprovider.com/en/resource-library/news/diagnosis-coding-update-covid-19.html>.

- HCPCS U0001: This code is used for the laboratory test developed by the CDC.
- HCPCS U0002: This code is used for the laboratory test developed by entities other than the CDC.
- American Medical Association (AMA) released code 87635 for lab testing for severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2).

COVID-19 information from Amerigroup Community Care

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and state specific body to help us determine what action is necessary on our part. Amerigroup will continue to follow state specific body guidance policies.

To help address providers' questions, Amerigroup has developed the following FAQ list:

What is Amerigroup doing to prepare?

Our clinical teams are actively monitoring external queries and reports from the CDC to help us determine what actions are necessary on our part to further support our stakeholders. Amerigroup has a business continuity plan for serious communicable disease outbreaks, including pandemics, and will be ready to deploy the plan if necessary.

How is Amerigroup monitoring COVID-19?

Our enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources; automated 24/7 situational awareness monitoring for our footprint and critical support points; and our Virtual Command Center for Emergency Management command, control and communication.

In addition, we have established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

Does Amerigroup have recommendations for reporting, testing and specimen collection?

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.

What precautions should I take in my office?

As of March 6, 2020, the CDC recommends the following:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html.

How should I code a claim for a patient if I believe they have COVID-19?

The CDC recommends the following related to COVID-19 diagnostic test billing: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

Will Amerigroup cover the cost related to COVID-19 testing and care?

Amerigroup will cover reasonable member health care costs related to COVID-19. Amerigroup recently announced its efforts to eliminate the burden of additional costs for members by providing coverage of the novel coronavirus screening test at no out-of-pocket-cost.

Will Amerigroup cover the out-of-pocket costs related to the COVID-19 test?

Out-of-pocket expenses for the focused test used to diagnose COVID-19 will be waived for members who have fully insured, individual, Medicare and Medicaid plans. Providers should continue to verify eligibility and benefits for all members prior to rendering services. Members will pay any other out-of-pocket expenses their plan requires, unless otherwise determined by state mandate or regulation.

Does Amerigroup require prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Amerigroup is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network providers, we will authorize coverage for out-of-network providers as medically necessary.

Will Amerigroup cover Telehealth services in lieu of in person service due to COVID-19?

Amerigroup will provide coverage services delivered to members via telehealth, to include telephonic visits. Providers should bill the same E&M code they would bill for an in person visit, along with Place of Service 02 (Telehealth) and submit the claim via their normal process.

Are there any limitations in coverage for treatment of an illness that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.
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