CORONAVIRUS DISEASE 2019
(COVID-19)

Trinity Health
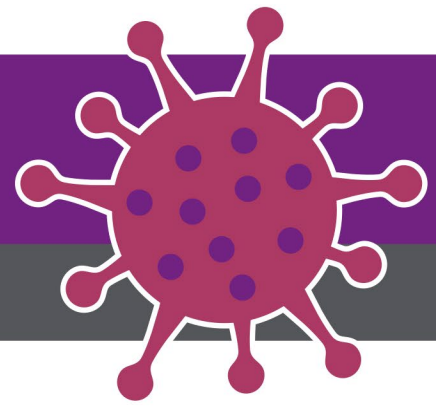
Audience: Revenue Excellence, Payer Strategies & Product Development, and Other Interested Parties	
Revision Date: May 1, 2020	
Version: Version #4	

We appreciate your support as we work Together to ensure the safety of our patients, and community at large.

State Non-Governmental Third-Party Payer Information

Payer	Information
All Payers	**New York State Department of Financial Services (DFS):** Our partners at the Sachs Policy Group have created a summary table with information on NYS and Federal Telehealth authorities and waivers. The chart can be found here: http://sachspolicy.com/wp-content/uploads/2020/03/Telehealth-Landscape_COVID-Emergency-2020.03.19.pdf DFS has released a directive requiring payers to suspend for 90 days: • Preauthorization requirements for scheduled surgeries or admissions • Concurrent reviews of inpatient hospital services • Retrospective reviews of inpatient hospital and emergency services • Preauthorization requirements for inpatient rehabilitation services in a hospital or skilled nursing facility following a hospital admission • Preauthorization for home health care services following an inpatient admission • Notification requirements pertaining to inpatient admissions (Hospitals are still required to make best efforts to notify insurers of hospital admissions for purposes of assisting with discharge planning but will not be penalized financially for failure to notify) • Audits of hospital claims payments You can find the Circular Letter here: https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2020_08

Excellus	• **Testing:** COVID-19 testing will be covered, at no cost to our members, where it is not covered as part of the Public Health Service response. We will also ensure that patient testing and any needed care are done in close coordination with federal, state and public health authorities.
	
	• **Member Costs**:
	   ○ Providers should not collect a copay or coinsurance for these services from our members.
	   ○ Members will be covered, at no out-of-pocket expense, for in-network provider office visits, in-network urgent care visits, emergency room visits, and medically necessary diagnostic tests consistent with CDC guidelines related to COVID-19.
	   ○ Under new guidance from the Internal Revenue Service, members with high deductible health plans will not be responsible for copayments and/or coinsurance for COVID-19-related testing, even if their deductible has not been met.
	   ○ If an in-network provider is not available, we will cover testing at an out-of-network provider at an in-network benefit level.
	   ○ We will waive preauthorization requirements for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19.
	   ○ Dedicated clinical staff are available to address inquiries related to medical services, ensuring timeliness of responses related to COVID-19.
	
	• **Telehealth**:
	Excellus will waive the cost-share for all telehealth visits (not just those related to COVID-19) for all of our members from March 13, 2020 until the State of Emergency has been lifted.
	
	   ○ A telehealth visit is an option for initial screenings when an in-office visit is not an option. Telehealth services are covered under all product lines.
	
	During the COVID-19 State of Emergency declared by Governor Cuomo, electronic information and communication technologies for telehealth include "telephonic and video modalities including technology commonly available on smart phones and other devices (e.g., Skype, FaceTime, Zoom), when medically appropriate to deliver health care services."
	
	   In-network telehealth visits:
	   ○ In-network telehealth visits will be covered with no member cost-share when the services would have been covered under the member's policy if delivered in-person, including behavioral health treatment. To be covered as an office visit, the telehealth consultation must include all elements necessary for the service to be considered an office visit.
	
	   ○ ***Telehealth services provided from March 13, 2020 until the State of Emergency has been lifted***
	
	   ○ We will reimburse all telehealth visits billed with place of service code 02 at the same rate as in-person visits for the same CPT code, and we will use the higher non-facility (office) relative value units for dates of service from March 13, 2020 until the State of Emergency has been lifted.
	
	   ○ Please refer to our telehealth coding guidance grid for assistance with the appropriate modifier and place of service code to use for the service rendered. This grid will be updated as needed, so please check back regularly.

Trinity Health

Patient Consent:
- o The patient must provide consent prior to rendering telehealth services. The consent can be written or verbal and must be documented in the patient's medical record. example of a telehealth patient consent form

- o Please review our corporate medical policy related to telehealth services. Corporate Medical Policy

- o To learn more about telehealth services, including training on the use of telehealth technology, please send an email to Provider.Relations@excellus.com. Please include any questions you have about telehealth so that we can make every effort to provide information that is relevant to you.

- **Payment for Inpatient Services**: Excellus has advised that members will be covered, for in-network emergency room visits. Please contact Excellus for more information regarding covered services during this time.

- **Billing/Coding**:
    The American Medical Association (AMA) has released new CPT® codes to streamline COVID-19 testing offered by hospitals, health systems and laboratories in the United States.

    AMA COVID-19 Test Release on March 13, 2020:
    - o CPT Code 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.

    AMA COVID-19 Antibody Tests Release on April 10, 2020:
    - o CPT Code 86328: Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
        - ▪ Note: For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769
    - o CPT Code 86769: Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
        - ▪ Note: For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using single step method, use 86328

    COVID-19 Laboratory Testing:
    - o Report U0001, U0002 or 87635 or 86328 or 86769, as directed by AMA guidance (refer to AMA links below)
    - o To report a confirmed COVID-19 diagnosis, use U07.1 (COVID-19), as directed by guidance from the U.S. Centers for Disease Control and Prevention (refer to CDC 4.1.2020 link below)

    COVID-19 Office Visit, Urgent Care or Emergency Room Services:

Trinity Health

- o Report Z20.828* or Z03.818 for exposure to COVID-19 and report Z11.59 for COVID-19 asymptomatic screening. Use U07.1 if diagnosis is confirmed. Please follow the updated CDC guidelines *(refer to CDC 4.1.2020 link below)*
- o *Z20.828 should be used when the provider indicates that COVID-19 is "suspected," "possible," or "probable."

- o Sources:
    AMA CPT Lab Guidelines 4.1.2020
    AMA CPT Lab guidelines 3.13.2020
    CDC Release 4.1.2020: Z11.59 and Guidelines with U07.1.
    CDC Release 3.18.2020: U07.1 effective April ,1, 2020 COVID-19 confirmed diagnosis
    CDC Release 2.20.2020: B97.29 interim code February 20,2020 COVID-19 confirmed diagnosis

- **Other**:
    Excellus will take the following actions for 90 days beginning March 20, 2020. We are committed to meeting or exceeding all state and federal requirements.

    The following contingencies apply to our Commercial, Safety Net, and Medicare lines of business, and also apply to some of our members who have coverage through a self-funded employer group. *These contingencies do not apply to the Federal Employee Program or those self-funded employer groups that have elected not to offer them.*

    - o Suspension of preauthorization review for scheduled surgeries or admissions at hospitals, including inpatient rehabilitation admissions, home care services and skilled nursing facility admissions following a hospital stay. (Subject to retrospective review)
    - o Suspension of preauthorization and concurrent review requirements for inpatient mental health and substance use admissions. (Subject to retrospective review)
    - o Hospitals are strongly encouraged to provide notification to us within 48 hours of an admission so that we can assist with discharge planning and coordination of care. Suspension of concurrent and retrospective review of inpatient admissions.
    - o Concurrent review and retrospective reviews will be conducted for skilled nursing facilities, home care services following a discharge from a hospital.
    - o The time frame for hospitals to submit an internal or external appeal is waived for 90 days.
    - o Non-essential hospital audits will be suspended during the declared State of Emergency.
    - o Suspension of concurrent and retrospective reviews for inpatient hospital services.
        - ▪ After the State of Emergency is lifted, the health plan may choose to complete retrospective reviews on these services.
        - ▪ Inpatient rehabilitation services and home care services following discharge may continue to be reviewed for medical necessity concurrently or retrospectively.
    - o Emergency admission timely notification requirements have been lifted. The health plan will not issue a denial solely on the basis that the hospital did not notify the us.

        Additional Health Plan Efforts During the COVID-19 State of Emergency
        In addition to our compliance with all NYS requests, we are taking the following extra steps to ensure member access to care and assist in alleviating some of the burden on our participating providers, hospitals and facilities during the State of Emergency.

    - o Increasing payment levels for and expanding telehealth services. (Please refer to our March 20, 2020 mailed communication. Contact your Provider Relations representative to request a copy.)

	o Waiving member cost-share responsibility for telehealth services.
	o Extending the time frame to submit an initial clinical editing dispute and a second level grievance. The initial dispute time frame will change from 120 days to 210 days. The second level grievance time frame will change 90 days to 180 days. Please remember to attach medical records with your initial submission to avoid additional submission requests.
	o Facility claim recovery audits for both inpatient and outpatient claims will be suspended for 90 days. Claims currently in the appeal process will be extended 90 days.
	o Physician claim audit appeal time frames will be extended to 90 days.
	o Suspending timely filing requirements for claims with dates of service from March 16, 2020 through September 16, 2020.
	o Suspending medical record requests for HEDIS reviews for our commercial and Medicaid members.
	o Providers who can bill for evaluation and management services and feel that an at-home visit with a member is necessary can bill CPT codes 99341-99350 for all health plan members. Reimbursement rates for CPT codes 99341-99350 are included in the physician fee schedules posted on our website.
	o During the State of Emergency, the health plan is suspending the credentialing requirement that a physician be licensed in New York state if he/she is licensed in another state. The health plan reserves the right to recommend to our Credentialing Committee certain individuals be accepted for temporary participation during the State of Emergency on a fast-track basis.
	o Voluntarily electing not to pass through the New York State Medicaid 1% sequestration payment reductions for affected services at this time.
	o Health plan-employed clinicians registering to volunteer their time and expertise to assist during the State of Emergency.
	Excellus COVID 19 site: https://provider.excellusbcbs.com/coronavirus
Fidelis	• **Testing:** Some commercial laboratories and facilities have been granted approval to test for COVID-19. To ensure that cost-sharing is not a barrier to testing, Fidelis Care will cover services including testing for COVID-19 and for physician, clinic, urgent care, and emergency visits without copays, deductibles, or coinsurances for members when the purpose of the visit is testing for COVID-19, consistent with DFS an DOH guidelines.
	• **Member Costs:** Fidelis Care covers treatment services related to COVID-19, including inpatient hospital treatment, and will be waiving all cost sharing for COVID-19 treatment effective retroactively to February 4th, 2020. To ensure that cost-sharing is not a barrier to testing or treatment, Fidelis Care will cover services including testing and treatment for COVID-19 and for physician, clinic, urgent care, inpatient admissions, and emergency visits without copays, deductibles, or coinsurances for members across all plans.
	Effective February 4, 2020, providers are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of an office visit, urgent care visit, clinic, inpatient admission, or emergency room visit when the purpose of that visit is testing or treatment for COVID-19. If you have provided treatment to a member during this time and have already collected cost sharing or submitted claims, Fidelis Care is in the process of making system updates to adjust claims and expects providers to refund members where cost share was collected upon claim adjustment completion.
	Claims with correct coding will be adjusted to reflect provider payments with $0 member liability upon processing. Providers should follow CDC coding guidelines below when submitting claims to

Trinity Health

Fidelis Care and ensure accurate diagnosis codes are included with other required elements of a clean claim.

- **Telehealth**: Fidelis Care will continue to support, promote, and align with rapidly evolving New York State guidance to providers on allowable parameters to render telehealth and telephonic services to our members.

Fidelis Care expanded coverage of telehealth services in 2019 and strongly encourages providers to deliver their services via the telehealth modality wherever reasonably possible in order to support current social distancing and containment strategies. More information on the telehealth policy that predated the state of emergency can be found in the Provider Manual here, Section 26.   To the extent it is practical, Fidelis Care encourages the use of telehealth to provide COVID-19 related services to members and offers reimbursement for these services across all products.

Starting April 1, 2020, in response to the COVID-19 emergency, Teladoc is offered as a new online option for Fidelis Care Medicaid, Child Health Plus, Essential Plan, Health and Recovery Plan (HARP), Medicare Advantage, and Dual Advantage members.

Through Teladoc, members can access online care by phone or video, from board-certified, NY State-licensed doctors, 24 hours a day, 7 days a week.

Members can speak with a Teladoc provider about COVID-19 concerns or symptoms, or about other general concerns they may have about their or their child's health like: sore throats, earaches, the flu, allergies, sinus infections, rashes, and more. Support for anxiety, depression, post-traumatic stress, and family issues is also available.

Fidelis Care Medicaid, HARP, and Child Health Plus members who have an assigned primary care provider can also use the Teladoc service. If necessary, a Teladoc provider will coordinate care with a member's PCP.

Before a member's first virtual care visit, the best place to start is by downloading the Teladoc app (available from the App Store or Google Play) or get started online at https://member.teladoc.com/fideliscare. Members can also call Teladoc at 1-800-835-2362; TTY: 711. Members will be asked to fill out a brief medical history, just like they would at their doctor's office. This will help the Teladoc doctor provide treatment and advice.

Wait times: At this time, the need for care has never been greater, and members may experience extended wait times. To avoid waiting, members can request a call-back when a Teladoc provider is available.

Special Note for Fidelis Care Qualified Health Plan (QHP) members: Fidelis Care QHP members continue to have access to telehealth services through Teladoc and Babylon, at no cost. The Teladoc and Babylon apps are available from the App Store or Google Play.

Whether Fidelis Care QHP members use Teladoc, Babylon, or both, their telehealth benefit is the same, and is offered at no cost.

New York State Department of Financial services issued additional information and answered frequent questions regarding Telehealth on March 23, 2020. The full posting of frequently asked

Trinity Health

questions and answers can be found here:
https://www.dfs.ny.gov/industry_guidance/coronavirus/telehealth_ins_prov_info

Effective March 1, 2020, Fidelis Care has waived** cost sharing **on all telehealth services rendered from in network and out of network providers across all products. Providers rendering care via telehealth are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of telehealth services, and claims will be adjusted to reflect provider payments with $0 member liability upon processing. Providers should use the Place of Service and/or modifier that is appropriate for the procedure rendered.

Fidelis Care is following recent CMS guidance issued that permits reimbursement for Telehealth services with dates of service on or after March 1, 2020 for the duration of the federal Public Health Emergency using the Place of Service equal to what it would have been had the service been furnished in person (such as POS 11 for office setting) and the appropriate telehealth modifier indicating that the service rendered was actually performed via telehealth. More information on this can be found here: https://www.cms.gov/files/document/se20011.pdf

On March 21, 2020 New York State Medicaid issued additional comprehensive updates available here: https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm providing clarified and broadened definitions related to telehealth, authorizing telephonic services for reimbursement, and specifying additional reimbursement and coding details specific to NYS Medicaid Fee-for-Service. While Fidelis Care is aligned with coverage described in this update, including aligning with expanded definitions and parameters related to telehealth, the coding and reimbursement referenced is not relevant to our claims processing requirements. Providers existing contract defining services and rates continue to prevail for the same services rendered through the telehealth modality.

Dental providers should contact Dentaquest at 888.308.2508 for specific tele-dental coding guidance. Dentaquest guidance can be found using this link:
https://success.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf

Several Medicare specific telehealth coding guidelines have been published by CMS in recent weeks, and this telehealth guidance will apply to the Medicare Advantage product line. Providers can find the full coding detail for Medicare Telehealth here: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Fidelis Care's telehealth coverage and reimbursement approach described throughout also applies to our network of participating behavioral health providers, including all individual practitioners currently contracted with Fidelis Care (including but not limited to licensed clinical social workers, psychologists, licensed mental health counselors, licensed marriage and family therapists, and ABA providers) as well as facilities delivering OMH and OASAS licensed programs. Additional telehealth information for OMH programs regarding recent changes to telehealth regulations can be found in these guidance, self-attestation, and supplemental guidance documents.   Additional information for OASAS licensed programs can be found here, including the self-attestation and supplemental guidance.

As guidance continues to evolve over time, OMH licensed or funded programs should continue to monitor updates available here: https://omh.ny.gov/omhweb/guidance/ as well as referencing recently published guidance here: https://omh.ny.gov/omhweb/guidance/omh-covid-19-disaster-emergency-faqs.pdf . OASAS licensed or funded programs should continue to monitor updates

available here: https://oasas.ny.gov/keywords/coronavirus . Providers must follow continued guidance from their respective licensing authorities, and any questions on these forms or waiver approvals should be directed to the respective OMH and OASAS contacts indicated on the forms. Fidelis Care does not require the submission of any additional documentation, contracting documents, or forms from OMH or OASAS providers in order to reimburse for telehealth claims. Fidelis Care is not requesting and will not be able to accept any OMH or OASAS self-attestation forms, and providers should ensure the submission of these requests are directed to the contacts indicated on the guidance.

Fidelis Care will continue to monitor changes in state and federal regulations related to any expansion of, additional approval, or change in regulation regarding telehealth services.

- **Payment for Inpatient Services**: Fidelis Care covers treatment services related to COVID-19, including inpatient hospital treatment, and will be waiving all cost sharing for COVID-19 treatment effective retroactively to February 4th, 2020. To ensure that cost-sharing is not a barrier to testing or treatment, Fidelis Care will cover services including testing and treatment for COVID-19 and for physician, clinic, urgent care, inpatient admissions, and emergency visits without copays, deductibles, or coinsurances for members across all plans.

  Effective February 4, 2020, providers are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of an office visit, urgent care visit, clinic, inpatient admission, or emergency room visit when the purpose of that visit is testing or treatment for COVID-19. If you have provided treatment to a member during this time and have already collected cost sharing or submitted claims, Fidelis Care is in the process of making system updates to adjust claims and expects providers to refund members where cost share was collected upon claim adjustment completion.

- **Billing/Coding**: Fidelis Care is updating claiming systems to be able to receive new codes associated with COVID-19 testing by April 1, 2020. Fidelis Care will add Healthcare Common Procedure Coding System (HCPCS) codes as they become available. In February 2020, CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for COVID-19. The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for COVID-19. This second HCPCS code should be used for tests developed by these additional laboratories when submitting claims to Fidelis Care. HCPCS code U0002 will be reimbursed at an interim fee established by New York State Medicaid. For additional information, please see the laboratory fee schedule at the following link:

  https://www.emedny.org/ProviderManuals/Laboratory/index.aspx

  On March 13, 2020, the American Medical Association Current Procedural Terminology (CPT®) Editorial Panel approved a new, specific CPT code to describe laboratory testing for severe acute respiratory syndrome coronavirus 2. The fact sheet for this new code can be accessed at the following link: https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf

  - 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

Trinity Health

Fidelis Care is working to update systems and verify reimbursement benchmarks for this new code, and will provide more guidance on the use of this code as it becomes available.

Providers should follow CDC ICD-10-CM Official Coding Guidelines https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf when selecting a diagnosis code to ensure proper reporting.

Further guidance will be issued in partnership with the New York State Department of Health regarding additional coding parameters to ensure office visits, emergency room visits, clinic visits, and urgent care visits do not take member cost share. Any additional technical coding guidance will be provided as soon as it becomes available.

- **Other:**
Fidelis is adhering to March 20, 2020 DFS circular published letter.

As clarification, Fidelis Care continues to require Home Care, Skilled Nursing Facilities and inpatient rehabilitation services to be subject to concurrent medical necessity review. Providers are required to continue to contact Fidelis Care for concurrent authorization for services beyond the fifth day of admission.

Fidelis Care is in the process of updating claims systems to retroactively adjust claims from settings specified in the DFS Guidance letter with dates of service of March 20, 2020, that otherwise denied for an authorization related reason. Providers may experience authorization related claim denials if no notification was provided until claims systems are updated.

- **Fidelis COVID 19 Site:**
https://www.fideliscare.org/Provider?id=303

Molina

- **Testing:** If member meets CDC guidelines for testing and have a doctor's order, this testing can be done in any approved laboratory location.

- **Member Costs**: Member will not be charged a co-pay or cost share for this testing if member meets these rules.

- **Telehealth**: At Molina Healthcare, we recognize the stress that COVID-19 has put on you and your practice. To help you focus on your work, we've made some adjustments to simplify billing and payments for you and our members.

When billing for telehealth for all lines of business for Molina Healthcare:

- As you provide telehealth services to your patients who are our members, please bill as you normally would but use POS 02. The claims will process for payment at the same rate as regular, in-person visits. Cost share will apply if applicable.
- This guidance applies to Physicians, Physician Assistants, Nurse Practitioners, Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Board Certified Behavioral
Analysts (BCBA), and Board Certified Behavioral Analysts-Doctoral (BCBA-D) only
- This also applies to Rural Health Clinics, Federally Qualified Health Centers, Indian Health Service Clinics, and Community Mental Health/Private Mental Health facilities

Trinity Health

- The provider types listed above should bill with the E&M Code that represents the level of work most appropriate as if the patient was seen face to face. RHCs, FQHCs, IHSCs, and Community/Private Mental
- Health Clinics should follow their normal billing process but simply adjust the POS to 02.
- Documentation should follow normal guidelines established and described in the CPT-Manual. Health Clinics should follow their normal billing process but simply adjust the POS to 02.

- **Payment for Inpatient Services**: Payer has not provided any information on this topic. Contact Molina for more information.

- **Billing/Coding**:
  We have implemented all the coding affiliated w/ CONVID-19 as provided by our State and Federal Regulators as follows:

Descriptor	Effective DOS	Codes	Rates
COVID-19 Telephonic Services	3/13/2020	99441	$12.56
		99442	$23.48
		99443	$37.41
COVID-19 LABORATORY	3/3/2020	U0001	$35.91
		U0002	$51.31
Molina Healthcare will remove cost share for physician orders for testing for Coronavirus which causes COVID-19. Impacted CPT codes will be those associated with **Office, Urgent Care**		99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 *with Necessary ICD-10 Codes in either the primary or secondary diagnosis space* B97.29; Z03.818; Z20.828	Price per contract if PAR. NPAR will price per NYS Medicaid FFS Fee Only difference is no member copay and PA on any OON services with these diagnoses.
Molina Healthcare will remove cost share for physician orders for testing for Coronavirus which causes COVID-19. Impacted CPT codes will be those associated with **Emergency Department**	3/3/2020	Impacted Rev Codes: 0450-0459 and CPT Codes: 99281, 99282, 99283, 99284, 99285 *with* *Necessary ICD-10 Codes in either the primary or secondary diagnosis space B97.29; Z03.818; Z20.828*	

- **Other**:
  <u>What if we have a question on eligibility?</u>
  Molina's Member Services Center will remain open and operating at full capacity M-F 8am-6pm EST. Feel free to contact them at: (800) -223-7242 (TTY:711).

  <u>Member Retention and Enrollment locally online</u>

Trinity Health

Molina Healthcare of New York, Inc. will continue to assist our Members with their recertification process to ensure their enrollment stays intact and they have continuous coverage. We are also available telephonically to assist people without insurance to apply. New York State of Health has opened a special open enrollment period for people with no insurance that is effective through 4/15/2020 for coverage starting 4/1/2020. Additionally, New York State Department of Health has allowed Plans and Navigators to take enrollments telephonically for all Medicaid, CHP, and Essential Plan applicants.

If you have a member who is due to recertify, or a patient needing coverage, please have them contact us at (844)-239-4911.

Case Management
Molina Healthcare of New York, Inc. will continue to provide our Care Management Services throughout the pandemic. We will move to telephonic vs. in person, but we will manage the same membership base, while taking on newly identified. We will assist with all the same items we would in person. Our health plan will also have a heightened presence and sensitivity with the community aspects and needs of the clients we serve. (i.e. – local food pantries, ability to obtain formula, diapers, newborn supplies, guidance through mail order, or deliver of medications from local pharmacies, etc.)

Nurse Advice Line
Molina Healthcare of New York, Inc. will maintain the Nurse Advice Line (NAL) with no changes to hours during this pandemic. Please feel free to use or pass the information to your patients that are Molina Members. (800)-233-7242 (TTY:711).

- **Molina COVID 19 Site:**
  https://www.molinahealthcare.com/members/common/en-US/Pages/Coronavirus.aspx

MVP

- **Testing:** All fees associated with COVID-19 testing are waived for MVP members across all lines of business except for self-funded plans. Self-funded members should consult directly with their employer to see if their employer has adopted the waived cost-share guidance around COVID-19 testing.

- **Member Costs:**

COVID-19 Treatment Member Cost-Share Waived

Effective, 4/1/2020 through 5/31/2020, MVP will waive Member cost-share for the treatment of COVID-19 at any site of service, including inpatient hospitalizations and emergency room visits. Self-funded employer groups have the option to offer treatment coverage to their employees with no member cost-share.

To ensure Member cost-share is waived for all applicable Members, use the following codes for the **treatment of COVID-19:**

Diagnosis Code	Description
U07.1	COVID-19, virus identified
U07.2	COVID-19, virus not identified

Claims billed with the following ICD-10 codes in the first position for office, Emergency Department, or Urgent Care Center visits that are for the **primary purpose of testing** will not apply a cost-share:

- Z03.818
- Z20.828

- **Telehealth:** We will expand telehealth to include G2010 and G2012 as outlined in the CMS guidance; most states currently cover these services or have honored the expansion of the services noted.

- **Payment for Inpatient Services:** Payer has not provided any information on this topic. Contract MVP for more information.

- **Billing/Coding:**

COVID-19 Testing
In addition to CPT codes U0001 and U0002, which were communicated on 3/13/20, MVP Health Care® (MVP) will cover at no cost-share* to members CPT code 87635. In summary, the following CPT codes should be used for COVID-19 testing:

CPT Code	Description
U0001	Reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
U0002	Reported for validated 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

In-Office Testing
The code below is now allowed to be billed as an in-office code, which was previously not allowed. The cost-share is not waived for this code. Cost-share* is only waived for visits with a primary purpose of testing for COVID-19.

CPT Code	Description
87631	Respiratory viral panel testing influenza strain A, strain B, and RSV

Virtual Check-In

Telehealth Coding

Based on MVP's Telehealth Payment Policy, Participating Providers were instructed to submit claims with a place of service (POS) 02 code, which allowed for all telehealth visits to be accurately tracked.

During the State of Emergency, Participating Providers should bill Telehealth* services with the appropriate POS code that would have been reported had the services been furnished in person to ensure providers are paid the same rate for telehealth visits as in-office visits. For example, if you typically bill in the office, please use POS 11 and attach the appropriate 95 or GT modifier as outlined below.

To ensure member cost-share is waived, Participating Providers must bill with modifiers "95" or "GT" on each claim.

- 95 modifier - Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system.
- GT modifier - Via interactive audio and video telecommunication systems.

Participating Providers will be paid at the non-facility rate for all claims retroactive back to 3/1/2020 for Medicare and Medicaid Members, and 3/13/2020 for NY and VT commercial Members. Any claims submitted with POS 02 will be adjusted by MVP and do not need to be resubmitted.

Per CMS guidance, providers should bill the following G codes for all Medicare members when conducting visits via telephone. **These codes may also be used for MVP commercial members, but they should not be used for Medicaid members.** These will be covered at no cost-share* to members during the declared State of Emergency.

CPT Code	Description

Trinity Health

G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management [E/M] services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
G2010	Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

On 3/18/20 MVP communicated the codes below should be used for all members **however, these codes should not be used for Medicare members. The below codes should only be used for telephonic visits with Medicaid and Commercial members.** These will be covered at no cost-share* to the member during the declared State of Emergency.

CPT Code	Description
99441	Telephone evaluation and management service; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service; 21-30 minutes of medical discussion

- **Other:** N/A

POMCO

- **Testing:**
  Federal legislation under the Families First Coronavirus Response Act (HR 6201), which includes self-funded plans, states that all must cover the cost of COVID-19 testing and test-related office, urgent care, emergency, and telehealth visits.

- **Member Costs:**
  COVID-19 testing and test-related services will be covered at 100% with no members cost share. All COVID-19 treatment will process based on the customers plan benefit.

- **Telehealth:** It is important to note that telehealth services related to COVID-19 are covered but some self-funded plans may not have overall telehealth benefits. We are working with our customers and expediting any changes to their benefit plans but the customer must approve. Contact customer service for the latest plan information.

- **Payment for Inpatient Services:** Payer has not provided any information on this topic. Please contact POMCO directly for more information.

- **Billing/Coding:**
  UMR's claim systems have been updated with the newly released COVID-19 testing codes: U0001, U0002, and 87635.

- **Other:** POMCO does not adhere to State Guidelines (DFS Circular Letter). POMCO will follow all CMS guidelines for Covid patients only. For non-Covid patient, please follow plan documentation.

- **POMCO COVID 19** Site:

Trinity Health

	https://www.umr.com/tpa-ap-web/?navDeepDive=publicHomeDefaultContentMenu

WellCare	• **Testing:** Centene will cover COVID-19 testing and screening services for Medicaid, Medicare and Marketplace members.
	
	• **Member Costs:**
	    ○ All member cost share (copayment, coinsurance and/or deductible amounts) will be waived across all products for any claim billed with the new COVID-19 testing codes.
	    ○ We have configured our systems to apply \$0 member cost share liability for those claims submitted utilizing these new COVID-19 testing codes.
	    ○ In addition to cost share, authorization requirements will be waived for any claim that is received with these specified codes.
	    ○ Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.
	    ○ Adjudication of claims is currently planned for the first week of April 2020.
	
	• **Telehealth:** We will expand telehealth to include G2010 and G2012 as outlined in the CMS guidance; most states currently cover these services or have honored the expansion of the services noted. Details by product are noted below.
	
	• **Payment for Inpatient Services:** Payer has not provided any information on this topic. Contact WellCare for more information.
	
	• **Billing/Coding:**
	We are complying with the rates published on 3/12/20 by CMS:
	    ○ U0001 = \$35.91
	    ○ U0002 = \$51.31
	Please note: Commercial products will reimburse COVID-19 testing services in accordance with our negotiated commercial contract rates.
	Any additional rates will be determined by further CMS and/or state-specific guidance and communicated when available.
	
	Starting April 1st, 2020, providers performing the COVID-19 test can begin billing us for services that occurred after February 4, 2020, using the following newly created HCPCS codes: ○HCPCS U0001 - For CDC developed tests only - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
	    ○ HCPCS U0002 - For all other commercially available tests - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
	    ○ CPT 87635 - Effective March 13, 2020 and issued as "the industry standard for reporting of novel coronavirus tests across the nation's health care system."
	    ○ Please note: It is not yet clear if CMS will rescind the more general HCPCS Code U0002 for non-CDC laboratory tests that the Medicare claims processing system is scheduled to begin accepting starting April 1, 2020.
	
	• **Other:**
	    ○ We will temporarily waive requirements that out-of-state Medicare and Medicaid providers be licensed in the state where they are providing services when they are licensed in another state.
	    ○ To ensure that these members receive the care they need as quickly as possible, the company will not require prior authorization, prior certification, prior notification or step therapy protocols for these services.

Trinity Health

- We also support the administration's guidance to provide more flexibility to Medicare Advantage and Part D plans.
  - The specific guidance includes:
  - Waiving cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth
  - Removing prior authorizations requirements
  - Waiving prescription refill limits
  - Relaxing restrictions on home or mail delivery of prescription drugs
  - Expanding access to certain telehealth services

- **WellCare COVID 19 Site:** https://www.wellcare.com/New-York/COVID-19/Medicare-Provider

CDPHP	- **Testing**: N/A - **Member Costs:** CDPHP has waived copayments and coinsurance for all telehealth and mental telehealth services. - **Telehealth**: CDPHP will be covering and paying for telephonic consultations for all medical and behavioral health providers, and offering these services at no out-of-pocket costs to our members. They recently partnered with our local competitor, MVP Health Care, to expand access to telemedicine services for our combined membership, and are encouraging members to use telehealth as a first line of defense to keep local doctor's offices, urgent care centers, and hospitals safe. - **Payment for Inpatient Services**: N/A - **Billing/Coding**: CDPHP is removing all requirements for prior authorization for medical and behavioral services and will do so for the duration of this crisis. Prior authorizations for pharmaceuticals will continue. - **Other:** N/A - **CDPHP COVID 19 Site:** https://www.cdphp.com/members/wellness/common-health-topics/cold-and-flu/corona-virus/preventing-spread -