

Answering Providers' Questions About our COVID-19 Changes

Arkansas Blue Cross and Blue Shield and Health Advantage have made temporary changes to our coverage in response to COVID-19. Because of these frequent changes, we wanted to provide an update. The temporary changes listed in this document apply exclusively to members of Arkansas Blue Cross and Health Advantage **fully insured** health plans. They will be in effect **through at least May 15, 2020**, and could be extended after that, if circumstances warrant as determined by Arkansas Blue Cross and Health Advantage. These directives apply to in-network providers only.

Please note: Decisions about coverage changes for members of **self-funded health** plans served by BlueAdvantage Administrators of Arkansas or Health Advantage are made by the employers or plan sponsors who fund those self-funded programs.

Telemedicine

Will Arkansas Blue Cross and Health Advantage cover telemedicine, including video and telephone calls, for providers at in-clinic rates?

Yes. To further assist providers in their efforts to practice social distancing to reduce risks of exposure to COVID-19, Arkansas Blue Cross and Blue Shield and Health Advantage voluntarily increased overall compensation for telemedicine services for fully insured members by reimbursing all such services at the "office" level. This payment enhancement became effective for services rendered beginning March 16, and will continue through May 15, at which time the policy will be revisited. All providers must be in network which include physicians (MDs and DOs) advance practice nurse practitioners, physician assistants and behavioral health professionals (in-network psychiatrist, clinical psychologist, advance practice nurse practitioner, licensed clinical social worker, licensed psychological examiner, or licensed professional counselor). Appropriate documentation commensurate with the level of service provided and submitted for payment is to be placed in the medical record.

Can telemedicine be used for wellness visits?

Yes, physicians (MDs and DOs) advance practice nurse practitioners, and physician assistant can use telemedicine for wellness/preventative visits. Appropriate documentation commensurate with the level of service provided and submitted for payment is to be placed in the medical record. Providers may submit all of the wellness/preventative visit codes ranging from 99381 through 99397. Claims should be billed with POS 02 and either the GT or 95 modifiers.

What codes should I use if I am seeing my patients virtually, either by audiovisual or telephone appointments?

Physicians (MDs and DOs), advance practice nurse practitioners, physician assistants and behavioral health professionals who are seeing patients virtually either with audiovisual or telephone should use the telemedicine CPT (E&M) codes, not the telephonic CPT codes. Providers may submit all of the E&M codes typically submitted except 99205 and 99215. Claims should be billed with POS 02 and either the GT or 95 modifiers.

Are HIPAA-defined secure video requirements relaxed for telemedicine during the pandemic?

Yes. You do not have to have secure video for telemedicine and can use any type of telephone (without video) or any video connection. These will be reimbursed at the telemedicine rate. Physicians (MDs and DOs), advance practice nurse practitioners, physician assistants and behavioral health professionals who are seeing patients virtually either with audiovisual or telephone should use the telemedicine CPT (E&M) codes, not the telephonic CPT codes.

Are copays, coinsurance and deductibles waived for fully insured members for all video or telephone-based doctor's visits? Does this include behavioral health?

Yes. We will waive all copays, coinsurance, and deductibles for medical care administered by telemedicine by in-network physicians (MDs and DOs), advance practice nurse practitioners, physician assistants and behavioral health professionals (see complete list above). This is for medical care, not just COVID-19 related issues. We will pay the lesser of billed charge or contract allowance.

Does the temporary in-office rate for telemedicine coverage include mental/behavioral health?

Yes. We will pay for telemedicine counseling, by video or over the telephone, for our fully insured members by any in-network behavioral health professionals (in-network psychiatrist, clinical psychologist, advance practice nurse practitioner, licensed clinical social worker, licensed psychological examiner, or licensed professional counselor). This is being provided at no cost to the member. Behavioral health professionals who are seeing patients virtually either with audiovisual or telephone should use the telemedicine CPT (E&M) codes, not the telephonic CPT codes.

What other types of therapies are covered by the temporary in-office rate?

At this time, only behavioral/mental health is covered via telemedicine, in addition to physician-administered medical care from MDs and DOs. Providers should access AHIN for specific coverage information.

COVID-19 Screening/Testing Costs

Will Arkansas Blue Cross and Health Advantage cover COVID-19 screening/testing at no cost to members? What about additional testing for flu or strep?

Yes. We will cover the testing by in-network providers to diagnose COVID-19. The only recommended screening test for COVID-19 is the RT-PCR test (CPT Code 87635) which involves swabbing the nose and/or mouth. If an influenza or group A Streptococcus bacteria test are administered as part of the COVID-19 testing, they will be paid as well. The influenza CPT Codes are 87804 and 86710 and the group A Streptococcus bacteria CPT Codes is 87880. This change will be retroactive to March 16. These claims should be submitted with the modifier "CS."

Will virtual or physical visits for COVID-19 screening/testing be covered if a patient does not get tested?

Yes. We will cover COVID-19 evaluation visits without cost share if submitted with the modifier "CS" even if a COVID-19 test was not done.

COVID-19 Specific Visit/Treatment

Will Arkansas Blue Cross and Health Advantage waive patient cost sharing for all COVID-19 treatment?

We will waive cost sharing (copay, coinsurance, deductible) for our fully insured members for a visit to a medical clinic, urgent care facility and emergency room, as well as inpatient treatment when there is a COVID-19 primary diagnosis. This adjustment in coverage will be effective from April 1, through May 15, 2020, at which time it will be re-evaluated. Any claim for COVID-19 evaluation should include a "CS" modifier and, include the ICD-10 diagnostic code of U07.1. The waiver also will apply to ACIP-approved vaccines when they become available.

Does this include emergency transport for fully insured members to designated quarantine or treatment centers?

We will cover emergency/ambulance services in accordance with and subject to the limitations of a member's insurance policy. Transportation solely for quarantine purposes (rather than treatment) would not be covered, and most insurance policies limit the amount of benefits available for both ground and air ambulance services.

Early Prescription Refills Allowed

Will you waive prescription quantity/supply limits or allow for early refills to enable members to stock up on prescription maintenance medication due to shortages caused by COVID-19?

Yes. Our fully insured members can request early prescription refills, up to 90 days, on most maintenance medications. We also allow for flexibility in our prescription drug formulary if there are medication shortages or access issues.

Prior Authorizations / Pre-certifications Suspended

Will Arkansas Blue Cross and Health Advantage suspend prior authorizations and pre-certifications for insured members for hospital inpatient, outpatient and ambulatory surgery centers?

Yes. We are temporarily stopping prior authorizations and pre-certifications for hospital inpatient, outpatient and ambulatory surgery centers for our fully insured members through May 15, 2020, at which time this temporary policy will be re-evaluated. This change does not apply to prior authorizations for prescription and specialty medication, high-tech radiology services or long-term acute-care hospitals.

While prior approvals are temporarily stopped, we still require a call so our care management teams can support members being transitioned to their homes. For outpatient procedures, you will continue to receive system-generated medical record requests, but you may disregard them. This does not guarantee coverage of services rendered.

When you call, our intake team will let you know if the patient is covered under a plan that does not require prior approvals. If the patient's plan requires prior approvals, you must provide the medical information requested for the services to be covered.

Our Changes In Response To COVID-19



Arkansas Blue Cross and Blue Shield and Health Advantage have voluntarily implemented temporary policy changes in response to the COVID-19 pandemic. These changes are in effect for our **fully insured members*** through May 15 with in-network providers.

1

COVID-19 testing/screening costs waived

2

Waiving costs for flu and strep tests as part of COVID-19 testing

3

COVID-19 treatment costs waived
(see below for details)

4

Allowing early prescription refills

5

Suspending prior approvals for hospital inpatient, outpatient and ambulatory surgery centers

6

Enhancing telehealth for access to MDs, DOs, APNs and behavioral health professionals with \$0 member cost share

FOOTNOTES:

* The **temporary changes** listed apply exclusively to members of Arkansas Blue Cross and Health Advantage **fully insured** health plans. They will be in effect **through at least May 15, 2020**, and could be extended after that, if circumstances warrant.

Please note: *Decisions about coverage changes for members of **self-funded health plans** served by BlueAdvantage Administrators of Arkansas or Health Advantage are made by the employers or plan sponsors who fund those self-funded programs.*

1. We will cover the testing by in-network providers to diagnose COVID-19. The only recommended screening test for COVID-19 is the RT-PCR test which involves swabbing the nose and/or mouth.
2. If an influenza or group A Streptococcus bacteria test are administered as part of the COVID-19 testing, they will be paid as well. See the FAQ in this issue for CPT codes. This change will be retroactive to March 16.
3. We will waive cost sharing (copay, coinsurance, deductible) for our fully insured members for a visit to a medical clinic, urgent care facility and emergency room, as well as inpatient treatment when there is a COVID-19 primary diagnosis. This adjustment in coverage will be effective from April 1 through May 15, 2020, at which time it will be re-evaluated. Any claim for COVID-19 evaluation should include a "CS" modifier and include the ICD-10 diagnostic code of U07.1.
4. We will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member's benefit plan) and/or encouraging members to use their 90-day mail-order benefit. Arkansas Blue Cross will also ensure formulary flexibility if there are shortages or access issues.
5. We are temporarily stopping prior approvals and pre-certifications for hospital inpatient, outpatient and ambulatory surgery centers for our fully insured members through May 15, 2020, at which time we will re-evaluate. This change does not apply to prior approvals for prescription and specialty medication, high-tech radiology services or long-term acute-care hospitals. We do still require a call so our care management teams can support members being transitioned to their homes. For outpatient procedures, you will continue to receive system-generated medical record requests, but you may disregard them. This does not guarantee coverage of services rendered. Hospitals are encouraged to make the calls to determine which members continue to have prior approvals. When you call, our intake team will let you know if the patient is covered under a plan that does not require prior approvals. If the patient's plan requires prior approvals, you must provide the medical information requested for the services to be covered.
6. To further assist in social distancing efforts, we have increased overall compensation for telemedicine services for fully insured members by reimbursing all such services at the "office" level. This payment enhancement became effective for services rendered beginning March 16, 2020, and will continue through May 15, 2020, at which time the policy will be revisited. This temporary increase is for all telemedicine services delivered by an M.D., D.O., advance practice nurse practitioner, physician assistant or behavioral health professional.