

COVID-19 information from Healthy Blue (December 10 update)

Updated to add vaccine information

Please note that the following information applies to Medicare Advantage plans. Please review the specific sites noted below for details about these plans.

Medicaid: [Medicaid Provider News - COVID-19](#)

Medicare: [Medicare Advantage Provider News Archives](#)

We are closely monitoring COVID-19 developments and what it means for our customers and health care provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, we have developed the following updates and frequently asked questions.

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Summary

COVID-19 testing and visits associated with COVID-19 testing

Healthy Blue will waive cost shares for Medicare Advantage members — including copays, coinsurance and deductibles — for COVID-19 tests and visits associated with the COVID-19 test (including visits to determine if testing is needed). Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect patients with a test. The waivers apply to members who have individual, employer-sponsored, Medicare Advantage and Medicaid plans.

Telehealth (video + audio):

Effective from March 17 through December 31, 2020, Healthy Blue health plans will waive member cost shares for telehealth visits from in-network providers, including visits for annual wellness visits, mental health or

<https://providers.healthyblue.com>

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BLACARE-0310-20 December 2020

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substance use disorders, for our Medicare Advantage plans. For out-of-network providers, Healthy Blue is waiving cost shares from March 17, 2020, through June 14, 2020.

Cost sharing will be waived for members using our authorized telemedicine service, LiveHealth Online, and for telehealth received from other providers delivering virtual care through internet video and audio services.

Telephonic-only care

Effective from March 19, 2020, through December 31, 2020, Healthy Blue will cover telephonic-only visits according to CMS guidelines for the Medicare program. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services for Medicare Advantage plans. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Healthy Blue is also providing coverage for members to have an extra 30-day supply of medication on hand. We are encouraging that when member plans allow that they switch from 30-day home delivery to 90-day home delivery.

To help address providers' questions, we have developed the following list of frequently asked questions:

Frequently asked questions

Healthy Blue's actions

What is Healthy Blue doing to prepare?

Healthy Blue is committed to help provide increased access to care while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system.

These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to our commitment to remove barriers and support communities through this unprecedented time.

Healthy Blue is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

Actions include waiving:

- Cost sharing for the treatment of COVID-19 from April 1, 2020, through December 31, 2020, for members of our Medicare Advantage plans.
- Cost-sharing for COVID-19 diagnostic tests for members of our Medicare Advantage plans.
- Cost-sharing for visits to get the COVID-19 diagnostic test, regardless of whether the test is administered, beginning March 18, 2020, for members of Medicare Advantage plans.
- Cost-sharing for telehealth in-network visits from March 17, 2020, through December 31, 2020, including visits for behavioral health for our Medicare Advantage plans.
- Cost-sharing for FDA-approved medications or vaccines when they become available.

How is Healthy Blue monitoring COVID-19?

Healthy Blue is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention to help us determine what, if any, action is necessary on our part to further support our stakeholders.

Healthy Blue has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

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 the Virtual Command Center for Emergency Management command, control and communication.

In addition, Healthy Blue has 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.

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

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

In addition, Healthy Blue's telehealth provider, [LiveHealth Online](#), is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

COVID-19 testing and treatment

Will Healthy Blue waive member cost shares for COVID-19 testing, visits and treatment associated with COVID-19 testing?

Yes. Healthy Blue will waive cost shares for our Medicare Advantage and Medicaid plan members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits, including treatment. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing. The waivers apply to Medicare Advantage and Medicaid plans.

When member cost sharing has been waived (where permissible) by Healthy Blue as outlined in this FAQ for COVID-19 testing and visits associated with COVID-19 testing, telehealth (video + audio) services, and in-network telephonic-only services, how does that impact provider reimbursement?

Healthy Blue will process the claim as if there is no member cost sharing, as it does, for example, with preventative health services.

How is Healthy Blue reimbursing participating hospitals that perform COVID-19 diagnostic testing in an emergency room or inpatient setting?

Reimbursement for COVID-19 testing performed in a participating hospital emergency room or inpatient setting is based on existing contractual rates inclusive of member cost share amounts waived by Healthy

Blue. As we announced on March 6, Healthy Blue will waive cost shares for members of our fully insured employer-sponsored, individual, Medicare Advantage, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test.

How is Healthy Blue reimbursing participating hospitals which are performing COVID-19 diagnostic testing in a drive thru testing setting?

Based on standard AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Healthy Blue will recognize the codes 87635 and U0002, and will reimburse drive thru COVID-19 tests according to the lab fee schedule inclusive of member cost-share amounts waived by Healthy Blue.

Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Healthy Blue inclusive of member cost share amounts waived by Healthy Blue. As we announced on March 6, Healthy Blue will waive cost shares for members of our fully-insured employer-sponsored, individual, Medicare Advantage, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

Does Healthy Blue require a 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.

Does Healthy Blue require use of a contracted provider for the COVID-19 lab test in order for waiver of the member's cost share to apply?

Healthy Blue will waive member cost shares for COVID-19 lab tests performed by participating and non-participating providers. This is applicable for our employer-sponsored, individual, Medicare Advantage and Medicaid plan members.

What modifier is appropriate to waive member cost sharing for COVID-19 testing and visits related to testing?

CMS has provided the Medicare guideline to use the CS modifier: <https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-10-mlnc-se>. Healthy Blue looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for evaluation and testing services in any place of service.

COVID-19 Vaccine

How is Healthy Blue reimbursing FDA-Approved COVID-19 Vaccines?

The cost of COVID-19 FDA-approved vaccines will initially be paid for by the government.

Healthy Blue will reimburse for the administration of COVID-19 FDA-approved vaccines in accordance with Federal and State mandates.

Recently, CMS shared (<https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>) that for members of Medicare Advantage plans, the COVID-19 vaccine administration should be billed to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. This will ensure that Medicare Advantage members will not have cost-sharing for the administration of the vaccine.

For members of our fully-insured employer and individual plans as well as self-funded plans, Healthy Blue will cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency.

For members of Medicaid plans, Medicaid state-specific rules and other state regulations may apply.

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

- Healthy Blue covers telehealth (i.e., video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, through December 31, 2020, Healthy Blue will waive member cost share for telehealth (video + audio) in-network provider visits, including visits for mental health or substance abuse disorders, for our Medicare Advantage plans. Cost sharing will be waived for members using Healthy Blue, Inc.'s telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services.

Will Healthy Blue cover telephone-only services in addition to telehealth via video + audio?

Healthy Blue does not cover telephone-only services today (with limited state exceptions) but we are providing this according to CMS guidelines for the Medicare program. Healthy Blue will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Healthy Blue will waive associated cost shares for in-network providers only, except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

Are providers for Medicare Advantage and MMP plans able to use other telehealth resources such as phone calls, Skype, FaceTime, and other non-Healthy Blue vendors to supply and receive telehealth services or will that violate our HIPAA policies and plan guidelines?

On its website, the Office for Civil Rights (OCR) states it:

"...will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency."

Providers can visit CMS' *Fact Sheet* to more information: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

What member cost-shares will be waived by Healthy Blue affiliated health plans for virtual care through internet video + audio or telephonic-only care?

Effective March 17, 2020, through December 31, 2020, Healthy Blue's affiliated health plans will waive member cost share for telehealth (video + audio) in-network provider visits, including visits for behavioral health, for our fully insured employer plans, Individual plans, Medicare Advantage plans.. For out-of-network providers, Healthy Blue is waiving cost shares from March 17 through June 14, 2020. Cost sharing will be waived for members using Healthy Blue's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Until December 31, 2020, Healthy Blue will cover telephone-only medical and behavioral health services according to CMS guidelines for the Medicare program. Healthy Blue will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

Is LiveHealth Online prepared for the number of visits that will increase to telehealth?

As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability and stands ready to have doctors available to see the increase in patients, while maintaining reasonable wait times.

What codes would be appropriate to consider for a telehealth visit?

For telehealth (video + audio) visits rendered by a provider, please bill according to the most current guidance from CMS for this service in the Original Medicare program.

What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?

For 90 days effective March 17, 2020, Healthy Blue will waive member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) "02" and modifier 95 or GT:

- Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168
- PT/OT treatment codes 97110, 97112, 97530, and 97535
- Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524
- ST treatment codes 92507, 92526, 92606, and 92609

PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139 - 97150, 97533, and 97537-97546.

Are Annual Wellness Visits being covered when performed via telehealth?

Yes. This service is covered for members using LiveHealth Online for their Annual Wellness Visits, as well as Annual Wellness Visits performed by other providers through virtual care via internet video + audio services.

How does a provider submit a telehealth visit with an existing patient that lives in a bordering state?

For providers (e.g., in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective March 17, 2020, through December 31, 2020, you may submit your telehealth claim using the primary service address where you would have normally seen the member for the face-to-face visit.

What other coding and informational resources are available for providers for telehealth?

Providers can visit these links to more information:

- CMS' Medicare telemedicine healthcare provider fact sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

- CMS' list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

Coding, billing and claims

Does Healthy Blue 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: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?

The CDC has provided coding guidelines related to COVID-19: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

Does Healthy Blue expect any slowdown with claim adjudication because of COVID-19?

We are not seeing any impacts to claims payment processing at this time.

What codes would be appropriate for COVID-19 lab testing?

Healthy Blue is encouraging providers to bill with codes U0001, U0002, U0003, U0004, 86328, 86769, or 87635 based on the test provided.

What is the best way that providers can get information to Healthy Blue's members on Healthy Blue's alternative virtual care offerings?

The member facing blog (<https://www.anthem.com/blog/member-news/how-to-protect>) are great resources for members with questions and are being updated regularly.

Healthy Blue members have access to telehealth 24/7 through LiveHealth Online. Members can access LiveHealth Online at <https://livehealthonline.com> or by downloading the LiveHealth Online app from the App Store or Google Play.

Healthy Blue members also can call the 24/7 NurseLine at the number listed on their Healthy Blue ID card to speak with a registered nurse about health questions.

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Healthy Blue of the new temporary address(es)?

Providers do not need to notify Healthy Blue of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with your current tax ID number.

Other

Do the guidelines contained in this FAQ apply to members enrolled in the Healthy Blue affiliated health plans living in another BCBS Plan's service area?

Healthy Blue's guidelines apply to Healthy Blue's affiliated health plan's membership (members with Healthy Blue ID cards) wherever they reside, except where prohibited by law or local emergency guidelines. Each BCBS Plan may have different guidelines that apply to members of other Blue plans. Providers should continue to verify an individual's eligibility and benefits prior to rendering services.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease 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.

Do these guidelines apply to members enrolled in the Federal Employee Program (FEP®) through the Federal Employees Health Benefits Program?

Where permissible, these guidelines apply to FEP members. For the most up-to-date information about the changes FEP is making, go to <https://www.feblue.org/coronavirus>.

What financial assistance is available for care providers during the COVID-19 crisis?

The CARES Act provides financial relief to lessen the impact of the COVID-19 crisis. Included in the law are new resources to address the economic impact of COVID-19 on employers of all sizes. The Act expands existing federal loan programs, creates new tax credits, postpones employment tax payments, and includes additional tax relief. To help care providers navigate the resources available to them, Healthy Blue has compiled information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found [here](#).