

## **COVID-19 information from Amerigroup District of Columbia, Inc. (April 22, 2020 update)**

Amerigroup, District of Columbia, Inc. is closely monitoring COVID-19 developments and what it means for our customers and our 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. Amerigroup DC will continue to follow the CDC and the Department of Health Care Finance (DHCF) guidance policies. Please refer to the Government of DC website for updates: <https://coronavirus.dc.gov>.

To help address care providers' questions, Amerigroup DC has developed the following frequently asked questions:

### **What is Amerigroup DC doing to prepare?**

Amerigroup DC is committed to help provide increased access to care and 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 of Amerigroup DC to remove barriers and support communities through this unprecedented time.

Amerigroup DC is committed to help our enrollees 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.

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

Test samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing where available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help you get to a provider who can do so.

### **Telehealth (video + audio):**

Amerigroup DC is following the communication on telehealth visits per the Department of Health Care Financing guidance. Please refer to <https://dhcf.dc.gov/page/2020-dhcf-medicaid-updates> for updated information.

### **Telephonic-only care**

Amerigroup DC is following the communication on telehealth visits per the Department of Health Care Financing guidance. Please refer to <https://dhcf.dc.gov/page/2020-dhcf-medicaid-updates> for updated information.

### **Prescription coverage**

Amerigroup DC is providing an extra 90-day supply of medications, with the exception of Schedule II controlled substances. Enrollees are encouraged to use our home delivery service, which provides enrollee a 60-day supply of medications.

### **Frequently asked questions:**

#### **What codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?**

Amerigroup DC is following the communication on telehealth visits per the Department of Health Care Financing guidance. Please refer to <https://dhcf.dc.gov/page/2020-dhcf-medicaid-updates> for updated information.

#### **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 19, 2020 and for 60 days after the declared public emergency, you may submit your telehealth claim using the guidance found on the Department of Health Care Finance site at <https://dhcf.dc.gov/page/telemedicine>.

#### **How is Amerigroup DC monitoring COVID-19?**

Amerigroup DC 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, enrollees, 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.

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

Amerigroup DC's 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 Amerigroup DC's Virtual Command Center for Emergency Management command, control and communication.

In addition, Amerigroup DC 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.

#### **Does Amerigroup DC 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>.

**How is Amerigroup DC 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, Amerigroup DC will recognize the codes U0001, U0002, 87635, G2023, and G2024, and will reimburse drive thru COVID-19 tests. The CDC has provided coding guidelines related to COVID-19: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

HCPCS and CPT Codes for COVID-19	Descriptions
<b>U0001</b>	COVID-19 testing using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
<b>U0002</b>	Validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
<b>87635</b>	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.
<b>G2023</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source
<b>G2024</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

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

The CDC has provided coding guidelines related to COVID-19 <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>. The Department of Health Care Finance has also provided guidance on ICD-10-CM Diagnostic Codes for COVID-19 in the “DC Medicaid Coding for Telemedicine and Coronavirus (COVID-19)” guidance document found at <https://dhcf.dc.gov/page/telemedicine>.

**What codes would be appropriate to consider for a telephonic-only visit with an enrollee who wants to receive health guidance during the COVID-19 crisis?**

Submit with the correct time-based CPT code (99441, 99442, 99443, 98966, 98967, 98968) and the place of service code that depicts where the provider’s telephonic-only services occurred.

**Does Amerigroup DC 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 Amerigroup DC plan on making any additional changes to its prior authorization requirements to assist providers during the COVID-19 national emergency?**

Amerigroup DC is committed to working with and supporting providers. As of March 16, Amerigroup DC is removing prior authorization requirements for skilled nursing facilities (SNF) for the next 90 days to assist hospitals in managing possible capacity issues. SNF Providers should continue admission notification to Amerigroup DC in an effort to verify eligibility and benefits for all enrollees prior to rendering services and to assist with ensuring timely payments.

In addition, Amerigroup DC is also extending the length of time a prior authorization is in effect for elective inpatient and outpatient procedures to 90 days. This will help prevent the need for additional outreach to Amerigroup DC to adjust the date of service covered by the authorization.

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

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

**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.

**Does Amerigroup DC expect any slowdown with claim adjudication because of COVID-19?**

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

**What is the best way that providers can get information to Amerigroup DC's enrollees on Amerigroup DC's alternative virtual care offerings?**

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

Amerigroup DC enrollees can also call the 24/7 NurseLine at the number listed on their 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 Amerigroup DC of the new temporary address?**

Providers should use the provider's location when determining the appropriate POS code to bill. Permitted places of service from where to deliver services via telehealth include school (03), office (11), inpatient hospital (21), outpatient hospital (22), emergency room (23), nursing facility (32), independent clinic (49), Federally Qualified Health Center (FQHC) (50), community mental health center (53), non-residential substance abuse treatment facility (57), end-stage renal disease treatment facility (65), and public health clinic (71).