

COVID-19 information (April 2021 update)

Updated to include information about cost sharing and vaccine reimbursement

Amerigroup, including Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan), is closely monitoring COVID-19 developments and how they will impact our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from CDC to help us determine what action is necessary on our part.

Summary

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

Amerigroup will waive any normally required cost shares — including copays, coinsurance and deductibles — for COVID-19 testing and visits associated with the COVID-19 test (including visits to determine if testing is needed). Test 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.

Telehealth (video + audio):

There are no cost sharing requirements for telehealth visits.

Telephonic-only care

Effective March 19, 2020, through the end of the state-designated public health crisis, Amerigroup will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services. Exceptions include chiropractic services and physical, occupational, and speech therapies, and any services which require physical contact with the patient. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Amerigroup 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 they switch from 30-day home delivery to 90-day home delivery.

Frequently asked questions

* LiveHealth Online is an independent company providing telehealth services on behalf of Amerigroup.

<https://providers.amerigroup.com>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc. Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Actions taken by Amerigroup

What is Amerigroup doing to prepare?

Amerigroup 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.

Amerigroup 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.

How is Amerigroup monitoring COVID-19?

Amerigroup 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 CDC to help us determine what, if any, action is necessary on our part to further support our stakeholders.

Amerigroup 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, Amerigroup 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?

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 doctors we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Amerigroup'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

Will Amerigroup waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing?

Amerigroup will waive any normally required cost shares for our Medicaid, Medicare-Medicaid (MMP) and CHIP members for the COVID-19 test and associated visits. Test 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.

When member cost sharing has been waived (where permissible) 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?

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

How is Amerigroup 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 Amerigroup. As we announced on March 6, Amerigroup will waive cost shares for members of our Medicare and Medicaid plans — including copays, coinsurance and deductibles — for the COVID-19 test and visits to get the COVID-19 test.

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

Based on standard American Medical Association (AMA) and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Amerigroup 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 Amerigroup. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Amerigroup inclusive of member cost share amounts waived by Amerigroup. As we announced on March 6, Amerigroup will waive cost shares for members of our Medicare and Medicaid plans — including copays, coinsurance and deductibles—for the COVID-19 test and visits to get the COVID-19 test.

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

Amerigroup will waive member cost shares for COVID-19 lab tests performed by participating and nonparticipating providers.

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

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

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

Amerigroup 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 Amerigroup reimbursing FDA-Approved COVID-19 Vaccines?

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

Amerigroup will reimburse for the administration of COVID-19 FDA-approved vaccines at a reasonable prevailing rate. Amerigroup 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, and providers are not permitted under the federal mandate to balance-bill members.

For members of Medicare Advantage plans, CMS issued guidance (<https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>) that, the COVID-19 vaccine administration should be billed by providers 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. This applies to members in STAR+PLUS MMP (Medicare-Medicaid Plan).

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

- Amerigroup covers telehealth (in other words, video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 19, 2020, through through the end of the state-designated public health crisis. Amerigroup will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Amerigroup will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Cost sharing does not apply for members using LiveHealth Online, as well as for care received from other providers delivering virtual care through internet video + audio services.

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

Amerigroup is now providing this coverage effective March 19, 2020, through the end of the state-designated public health crisis., to reflect the concerns we have heard from providers about the need to support continuity of care for members during extended periods of social distancing.

Amerigroup will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Amerigroup 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.

What member cost-shares will be waived by Amerigroup for virtual care through internet video + audio or telephonic-only care?

There are no member cost shares for these services.

Effective March 19, 2020, through the end of the state-designated public health crisis, Amerigroup will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Amerigroup 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.

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 services rendered by a professional provider, report the CPT®/HCPCS code with Place of Service 02 and also append modifier 95.

For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append modifier 95.

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

The following codes are appropriate to provide telehealth services:

- 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.

What is the best way that providers can get information to Amerigroup members on Amerigroup alternative virtual care offerings?

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.

Members also can call the 24/7 Nurse HelpLine at the number listed on their member ID card to speak with a registered nurse about health questions.

Coding, billing and claims

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: <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/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

What CPT/HCPS codes would be appropriate to consider for the administration of COVID-19 vaccines?

CMS has provided coding guidelines related to COVID-19 vaccines:

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

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

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

Other

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.