

## COVID-19 information (August 2021 update)

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

*Commercial and Medicare: **COVID Provider News** (Select your state and product.)*

*Medicaid: Refer to individual Medicaid market site*

We are closely monitoring COVID-19 developments and what it means for our customers and healthcare 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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- Amerigroup actions
- COVID-19 testing
- Virtual, telehealth and telephonic care
- Coding, billing, and claims
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### **Summary**

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

Amerigroup 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.

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

For COVID-19 treatments via telehealth visits, Amerigroup will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through September 30, 2021.

Medicare Advantage members pay no member cost share for LiveHealth Online\*, regardless of national emergency.

\* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Amerigroup.

In 2020, from March 17 through December 31, member cost shares for telehealth (video + audio) visits from in-network providers, including visits for annual wellness visits, mental health or substance use disorders were waived for our Medicare Advantage plans. For out-of-network providers, Amerigroup waived cost shares from March 17, 2020, through June 14, 2020.

### **Telephonic-only care**

From March 19, 2020, through September 30, 2021, Amerigroup will cover and waive cost shares for telephonic-only visits with in-network providers for Medicare Advantage plans. Cost shares will be waived for in-network providers only.

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

### **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 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**

### **Amerigroup actions**

#### **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.

Actions include waiving:

- Cost sharing for the treatment of COVID-19 from April 1, 2020, through September 30, 2021, for members of our Medicare Advantage plans.
- Cost sharing for COVID-19 diagnostic tests as deemed medically necessary by a healthcare clinician who has made an assessment of a patient, including serology or antibody tests. Cost share waiver extends to the end of the public health emergency.
- Cost-sharing for visits and services during the visit to get the COVID-19 diagnostic test, beginning March 18, 2020. Cost share waiver extends to the end of the public health emergency.

- Cost sharing for telehealth in-network visits for COVID-19 treatment from March 17, 2020, through September 30, 2021 for Medicare Advantage and Medicare GRS plans.
- There is no cost sharing for telehealth services for Medicare Advantage members using LiveHealth Online, regardless of national emergency.
  - Cost sharing for telephonic-only, in-network provider visits through September 30, 2021, for Medicare plans.
  - Cost-sharing for FDA-approved medications or vaccines when they become available.

The cost sharing waiver includes copays, coinsurance, and deductibles.

For additional services, members will pay any cost shares their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

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

In addition, the Amerigroup 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 Amerigroup waive member cost shares for COVID-19 testing, visits and treatment?**

Yes. Amerigroup 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.

**When member cost sharing has been waived (where permissible) by Amerigroup 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 preventive 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 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 COVID-19 tests 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 non-participating providers.

**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/outreach/ffs/provpartprogprovider-partnership-e-mail-archive/2020-04-10-mlnc-se>. 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 vaccines

### **How is Amerigroup reimbursing FDA-Approved COVID-19 Vaccines and Monoclonal Antibody Treatments?**

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 and the **monoclonal antibody treatment 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 and monoclonal antibody treatment.

### **What CPT/HCPCS codes would be appropriate to consider for the administration of a COVID-19 vaccine?**

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-monoclonal-antibodies>

## 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.
- Amerigroup 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 the Amerigroup telemedicine service, LiveHealth Online, as well as 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 does not cover telephone-only services today (with limited state exceptions) but we are providing this coverage from March 19, 2020, through September 30, 2021, for telephonic-only visits with in-network providers for Medicare Advantage plans. 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. Visit the CMS telehealth services guidance at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> for a list of services payable under the *Medicare Physician Fee Schedule* when furnished via telehealth.

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

For COVID-19 treatments via telehealth visits, Amerigroup will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through September 30, 2021.

Medicare Advantage members pay no member cost share for LiveHealth Online, regardless of national emergency.

From March 19, 2020, through September 30, 2021, Amerigroup will waive cost shares for telephonic-only visits with in-network providers for Medicare Advantage plans. Cost shares will be waived for in-network providers only. Visit the CMS telehealth services guidance at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> for a list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth. Amerigroup will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

**Are providers for Medicare Advantage and MMP plans able to use other telehealth resources such as phone calls, Skype, Face Time, and other non-Amerigroup 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 healthcare 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>.

**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?**

Visit CMS' list of services payable under the Medicare Physician Fee Schedule for list of codes and services covered and appropriate to furnish via telehealth:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

**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.



## **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**

### **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>.

### **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>. Amerigroup also looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for COVID-19 evaluation and testing services in any place of service.

### **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.

### **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.

### **Should providers who are establishing temporary locations to provide healthcare services during the COVID-19 emergency notify Amerigroup of the new temporary address(es)?**

Providers do not need to notify Amerigroup of temporary addresses for providing healthcare 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 Amerigroup affiliated health plans living in another BCBS Plan's service area?**

The Amerigroup guidelines apply to the Amerigroup membership (members with Amerigroup 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.

**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, Amerigroup has compiled information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found [here](#).