

COVID-19 information from Amerigroup Community Care (June 2021 update)

Updated to include information about cost sharing and vaccine reimbursement.

Amerigroup is closely monitoring COVID-19 developments and how they will impact our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the CDC to help us determine what action is necessary on our part.

Summary

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

Amerigroup has waived all required copays for COVID-19 testing and all associated visits (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-thru testing. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help connect members with testing.

Telehealth (video+ audio):

March 17, 2020, Amerigroup began waiving any normally required member copays for telehealth visits, including visits for mental health or substance use disorders.

Telephonic-only care

Effective March 19, 2020, Amerigroup is covering telephonic-only visits with in- and- out -of network providers. This includes covered visits for mental health or substance use disorders and medical services. Copays will be waived.

Prescription coverage

Amerigroup is temporarily allowing members to receive an early refill of their medications to ensure that member have an uninterrupted supply of medication. We are encouraging members to contact their local retail pharmacy to determine if a medication delivery service is available.

Frequently asked questions

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.

Amerigroup relaxed the early refill limits for maintenance medications. What does this mean? As a result of the President's declaration of a national health emergency, we are implementing our standard operating procedures tied to declarations of emergency, including relaxing early refill limits for medications. This means that members who wish to refill a prescription earlier than normal should be able to do so. Pharmacists are able to submit an override of early refill limits for members who wish to refill a prescription earlier than is indicated based on the day supply they have previously received.

Consistent with CDC recommendations, and to avoid unjustified pressure on the pharmacy supply chain, we have advised members against "stockpiling" medication unnecessarily and will continue to support policies that allow members to obtain their medications in a safe and effective manner. As a result, we are currently limiting members to a single early refill in a 30 day period for each medication.

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.

COVID-19 testing

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

Amerigroup will waive copays for our 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. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing.

When a member copay has been waived as outlined in this FAQ for COVID-19 testing and visits associated with COVID-19 testing, telehealth (video + audio) services, and in and out of-network telephonic-only services, how does that impact provider reimbursement?

Amerigroup will process the claim as if there is no member copay.

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 copay amounts waived by Amerigroup 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 AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Amerigroup will recognize the codes 87635, 86328, 86769, 87426, G2023, G2024 and U0001, U0003, U0004 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 copay amounts waived by Amerigroup.

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 copay for COVID-19 lab tests performed by participating and non-participating providers.

COVID-19 vaccine

How is Amerigroup reimbursing FDA-Approved COVID-19 vaccines?

Amerigroup will cover the administration of COVID-19 vaccines with no copay 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.

Amerigroup will reimburse for the administration of COVID-19 FDA-approved vaccines at the rate of \$40.00 per dose in alignment with the CMS reimbursement rate for vaccine administration.

Virtual, telehealth and telephonic care

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

Amerigroup now covers telephone-only services, effective March 19, 2020, 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-and-out-of-network providers.

Effective March 19, 2020, Amerigroup will cover telephone-only medical and behavioral health services.

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 GT.

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 append modifier GT.

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

Effective March 17, 2020, Amerigroup began waiving member copays 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, 97164, 97110, 97112, 97530, 97535 Occupational (OT) therapy evaluation codes 97165, 97166, 97167, 97168, 97110, 97112, 97530, 97535
- 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 diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19 for services where a member's cost shares are waived?

The CDC has provided coding guidelines related to COVID-19

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

What CPT/HCPS codes would be appropriate to consider for the administration of a 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-monoclonal-antibodies>.

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

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 to consider for a telephonic-only visit with a patient who wants to receive health guidance during the COVID-19 crisis?

The following codes will not be opened for fee-for-service reimbursement in Georgia all other must be filed with 02 POS and appropriate modifier:

- 99441 — Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment, 5 to 10 mins. of medical discussion.
- 99442 — Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment, 11-20 mins. of medical discussion.
- 99443 — Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment, 21-30 mins. of medical discussion.

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.

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Amerigroup of the new temporary address?

Providers do need to notify Amerigroup of temporary addresses for providing health care services during the COVID-19 emergency. A temporary ID could be required.