

COVID-19 INFORMATION

--Please share with appropriate staff and all practice locations--

To: Participating Providers and Facilities

Date: March 12, 2020

Excellus BlueCross BlueShield is closely monitoring Novel Coronavirus (COVID-19). Our top priority is the health and well-being of the members that we serve. Because the COVID-19 situation is rapidly evolving, the U.S. Centers for Disease Control and Prevention website remains the best resource for up-to-date health information.

You can also refer to the New York State Department of Health's website and your local county health department's website for COVID-19 information.

We are in contact with local, state and federal health and other officials and we will implement applicable orders, regulations and requirements as they become effective.

Information is changing and evolving daily. We are sharing what we know today and will update you regularly.

Is COVID-19 testing covered by insurance?

In most cases, COVID-19 testing will be covered, at no cost to the member where it is not covered as part of the Public Health Service response (see next page for exception information). We will also ensure that patient testing and any needed care are done in close coordination with federal, state and public health authorities.

Members will be covered, at no out-of-pocket expense, for in-network provider office visits, in-network urgent care visits, emergency room visits, and medically necessary diagnostic tests consistent with CDC guidelines related to COVID-19. **Providers should not collect a copay or coinsurance for these services for Medicare Advantage, Medicaid Managed Care, Child Health Plus, fully insured and fully insured high deductible health plan members.**

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Under new guidance from the Internal Revenue Service, **members with high deductible health plans will not be responsible for copayments and/or coinsurance** for COVID-19-related testing, even if their deductible has not been met. This also means that an individual with a high deductible health plan that covers these costs may continue to contribute to a health savings account.

If an in-network provider is not available, we will cover testing at an out-of-network provider at an in-network benefit level.

We will waive preauthorization requirements for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19.

Dedicated clinical staff are available to address inquiries related to medical services, ensuring timeliness of responses related to COVID-19.

****IMPORTANT:** Cost-share and preauthorization waivers may not apply to all **self-funded employer groups**. Members who are part of a self-funded employer group should check with their benefits department to confirm that their employer has waived employee cost-share and preauthorization requirements related to COVID-19.*

How do I bill for COVID-19 testing and visits?

We are ready to accept laboratory claims for COVID-19 testing and we are collaborating closely with state-run and independent labs to work out additional details regarding testing.

Discussions continue at the federal level related to coding guidance for COVID-19 services. Please refer to the links below for the information available at this time. We will send a follow-up communication as new information becomes available.

CDC: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

CMS: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

If a telemedicine visit is preferable to an in-office visit, will you cover the cost of the telemedicine visit?

A telemedicine visit is an option to do initial screenings, and telehealth services are covered under all product lines.

- **Commercial, Exchange and Medicare Advantage:** Members with coverage under these lines of business have coverage for phone only and live audio-video services
- **New York State Government Programs:** Per New York state requirements, HMOBlue Option, Blue Choice Option, Premier Option, Blue Option Plus, Premier Option Plus, Child Health Plus and Premier Child Health Plus members are covered for live audio-video services only

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Place of service code 02 is required for all telemedicine services. To address concerns of virus spread/contraction during this outbreak, we will reimburse all telemedicine visits billed with place of service code 02 at the same rate as in-person visits for the same CPT code, and we will use the higher non-facility (office) relative value units for dates of service from April 1, 2020 through September 30, 2020.

To review our corporate medical policy related to telemedicine and telehealth services, visit our website, Provider.ExcellusBCBS.com.

To learn more about telehealth services, including coding and billing information, please contact your Provider Relations representative.

Will you allow early refills on prescriptions?

We are closely monitoring the supply of medications that are available during the COVID-19 outbreak.

We have implemented early refill overrides for prescription medications. Pharmacists can make the override at the point of sale.

We are increasing access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member's benefit plan).

Members are also encouraged to use their 90-day mail order benefit for prescription medications.

We will ensure formulary flexibility if shortages or access issues do occur. Members will not be liable for additional charges that stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues. Emergency prescription drug overrides are also available as part of our standard exception process on an individual member basis.