As of 06/08/2020

Payer Updates

Programs Dates Summary

The following resources will help you quickly reference the effective dates for health plans (Aetna, Always Health Partners, Blue Cross Blue Shield, BMC HealthNet, Cigna, Fallon Health, Harvard Pilgrim Health Care, Tufts Health Plan, United Health Care) temporary benefit, program and procedure changes related to COVID-19, as well as billing guidelines for services such as COVID-19 testing, treatment, and telehealth. Please note, all dates are subject to change. Please check with the health plan regularly.

Aetna

- As of June 4, 2020 – Aetna ended the cost-share waiver for medical care for Commercial Plans.
- Until August 4, 2020 – Aetna’s liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy.
- Until August 4, 2020 – Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone for Commercial Plans.
- Through September 30, 2020 – Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial Plans.
- Through September 30, 2020 – Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for Medicare members, primary care, and behavioral health.
- For the duration of the Public Health Emergency-COVID-19 – Aetna will cover appropriate evaluation and management codes with a wellness diagnosis for those aspects of the visit done via telehealth. Preventative visit codes should be reserved for such time when routine in-office visits resume, and the remaining parts of the well visit can be completed.

For more information, please refer to the latest Telemedicine FAQs.

- For the duration of the Public Health Emergency-COVID-19
  - Precertification/Prior authorization for admission to an Acute Care facility is waived for all Commercial and Medicare Advantage (MA) Part C plans.
  - The Acute Care facilities are encouraged to notify Aetna of the admission within 48 hours electronically through our provider portal on Availity or your preferred EDI vendor using the existing Precertification Request transaction. Providers can also submit their requests by calling Aetna directly. Aetna will allow facilities that wish to provide clinical information at the time of admission to continue with our current clinical reviews process. Please refer to COVID-19 Changes in Prior Authorization/Precertification and Admissions Protocols.
AllWays Health Partners

AllWays Health Partners is working to expedite access to critical care during the COVID-19 state of emergency. Please be aware of the following key dates:

- For the duration of the Public Health Emergency-COVID-19 – Testing and treatment have removed copayments, deductibles, or coinsurance for medically necessary COVID-19 testing and treatment. This applies to inpatient and outpatient services at in- or out-of-network providers, including urgent care centers, emergency departments, hospitals, and other facilities.

- March 23 – June 23, 2020 – Post-acute care relaxing prior authorization requirements for home health care, skilled nursing facility, acute inpatient rehabilitation at an acute rehab, long term acute care (LTAC), and chronic disease hospitals.

- April 6, 2020 – June 6, 2020 Inpatient elective surgeries and hospital admissions, please refer to COVID-19 state of emergency PA grid. March 6, 2020, and for the duration of the Public Health Emergency-COVID-19–Removed all cost-sharing for telemedicine, expanded the scope of allowed telemedicine services and provider specialties please refer to COVID-19 state of emergency telemedicine policy.

- March 23 – June 30, 2020 – Most pharmacy or medical specialty drug prior authorizations due to expire between 3/23 – 6/30 will be extended for an additional 90 days. Some exclusions apply.

- As of March 13 – lifting the early refill rules on all medications. This includes allowing early refills for up to a 30-day supply of non-maintenance prescription medications and up to a 90-day supply of maintenance prescription medications.

For more information and programs requirements, please check these important links:

**Important Links**

COVID-19 testing and treatment

Relaxing prior authorization requirements

Telemedicine and other technology

Home visits

Medications

Enrollment and credentialing

Administrative information

Blue Cross Blue Shield of Massachusetts

Blue Cross Blue Shield of Massachusetts has developed this temporary COVID-19 payment policy to meet the needs of providers and members during the COVID-19 Massachusetts public health state of emergency. Please be aware of the following key dates:

- March 6, 2020, and for the duration of the Massachusetts COVID-19 public health emergency – Waiving member cost-share (copayments, deductible, coinsurance) for medically necessary inpatient acute care hospital services when the claim includes a diagnosis of COVID-19. This will apply to in- and out-of-network services received at an acute care hospital.
For the duration of the Massachusetts state of emergency – Removing all member cost-share in-person doctor, urgent care, and emergency room visits related to the testing, counseling, vaccination, and treatment of COVID-19.

For the duration of the Massachusetts state of emergency – Removing all member cost-share (copayments, coinsurance, and deductibles) for a telephone (telephonic) call in place of an office visit, and a virtual/video appointment (telehealth) services for all COVID-19 and non-COVID-19-related services for in-network.

For the duration of the Massachusetts state of emergency and through June 23, 2020 – Moved to a notification-only requirement for all inpatient levels of care (including acute, long-term acute (LTAC), acute and subacute rehabilitation (rehab) and Skilled Nursing Facility (SNF) admissions). As such, medical necessity reviews will not be performed for inpatient levels of care. Timely notification by facilities will help facilitate optimal care coordination, mobilize additional services to support transition-of-care and discharge planning, and ensure claims processing.

For the duration of the Massachusetts state of emergency – Lifting limits on early refills of prescription medications, allowing members to obtain one additional fill of their existing prescription.

For the duration of the Massachusetts state of emergency – Waiving medical necessity review for home care during the state of emergency

Through September 30, 2020 – for assisted reproductive technology services listed in BCBS MA medical policy that require prior authorization:

  o Extend existing authorizations for the period of January 1, 2020-April 1, 2020, to September 30, 2020.

  o New authorization requests 180 days for the service to be completed. After that time, an authorization extension would be required.

As of March 31, 2020 – Chiropractic services that require prior authorization through WholeHealth Networks, Inc. (WHN):

  o Extended all finalized authorizations with a start date on or after February 1, 2020, by 120 days.

  o The end dates have been extended 120 days for auto-approved authorizations in the system.

  o WHN’s clinical reviewers will manually adjust any authorizations that pend for clinical review, and the clinical reviewer will extend the end dates by 120 days once the final determination is made.

For the duration of the Massachusetts state of emergency – Waive pre-authorization requirements for ground ambulance transport by a contracted provider.

For more information refer to BCBS MA Temporary Payment Policy
BMC Health Net

Plan Guidance on Billing, Telehealth, Prior Authorization, and More:

- May 1–July 31, 2020 Waive member cost-sharing for all members who attend a covered telehealth.

- Until further notice, BMC HealthNet Plan will cover telephonic visits in addition to telehealth visits for our members until further notice. Providers capable of offering telehealth services—either via telephone only or a combination of telephone and video—may do so.

- Effective from April 10, 2020 – There are two new codes for COVID-19 antibody tests. CPT 86328 generally describes a single step method immunoassay whereas CPT 86769 has been established for antibody tests using a multiple step method.

- For the duration of the Massachusetts state of emergency – Will cover outpatient COVID-19 testing, evaluation, and treatment services provided by out-of-network providers, Out-of-network follow up care requires prior authorization.

- In addition to the laboratory analysis, we will reimburse the following providers for specimen collection billing either G2023 or G2024.

- For the duration of the Massachusetts state of emergency – Waiving prior authorization requirements for testing and treatment of suspected COVID-19 cases.

- For the duration of the Massachusetts state of emergency – Prior Authorization is not required for Home Health Aide services rendered by a Home Health Agency, when providing coverage for members in lieu of currently authorized PCA services.

- As of April 8, 2020, – Suspend prior authorization review for scheduled surgeries or elective admissions at hospitals for cases that are unrelated to COVID-19 for 60 days, notification is required within 48 hours of the date of services

- For the duration of the Massachusetts state of emergency: for Home health and Hospice agencies:
  
  o Allow the postponement of the 12-hour annual in-service training requirement. The postponed training must be completed within three months after the State of Emergency has been lifted.

  o The plan will expand the providers who may establish a member’s initial plan of care and any recertification to the plan to include nurse practitioners, clinical nurse specialists, and physician assistants.

  o We will permit both home health and hospice agencies to perform supervisory visits conducted by a nurse or therapist via telehealth.

  o BMC HealthNet Plan will permit both home health and hospice agencies to conduct supervisory visits in no less than every 30 days, rather than the previous 14-day requirement.

To learn more, please refer to Provider FAQs
Cigna

Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers

Important dates:

- Through July 31, 2020:
  - Waive cost-share for non-COVID-19 related virtual or in-person outpatient services including primary, specialty, and behavioral health care – when delivered by any participating provider for Individual and Family Plans (IFP), and Medicare Advantage customers only. Cost-share still remains for other Cigna commercial customers for non-COVID-19 related services.
  - Waive customer cost-sharing related to COVID-19 screening, testing and treatment.
  - Waive customer cost-sharing for telehealth screenings for COVID-19.
  - Cigna will allow eConsults when billed with codes 99446-99452 for all conditions, and cost-share will be waived for both COVID-19 and non-COVID-19 eConsults for at least this interim period.

- Effective from April 1, 2020 – Extended prior authorizations for covered medications. Customers with an active Cigna Pharmacy prior authorization for traditional or specialty medications with an expiration date between April 1 - June 1, 2020 (and not eligible for site-of-care review) had the prior authorization extended for 90 days.

- Effective March 25, 2020 and forward – Increasing the authorization window for all elective inpatient and outpatient services from three months to six months and will continue until at least July 31, 2020. Elective inpatient and outpatient prior authorization decisions made between January 1, 2020 and March 24, 2020 will be assessed when the claim is received and will go payable as long as it is within six months of the original authorization.

To learn more,

General billing guidance for COVID-19 related services
General billing guidance for non-COVID-19 related services
Virtual care services
eConsults
COVID-19 Laboratory Testing
Credentialing
Authorizations and facility-specific questions
Fallon Health

- Waiving cost-sharing for medically necessary COVID-19 services.
- For the duration of the Massachusetts state of emergency – cost sharing for medically necessary telehealth services will be waived for medically necessary COVID-19 and non-COVID-19 Telehealth Services. Telemedicine (telehealth), as it pertains to the delivery of health care services to commercial, MassHealth ACO, and NaviCare plan members, will include live video and audio-only (i.e., telephone).
- For the duration of the Massachusetts state of emergency – Waiving referral and prior authorization requirements for medically necessary COVID-19 and non-COVID-19 treatment delivered via telemedicine (telehealth) by contracted (in-network) providers.
- The suspension of prior authorization review for scheduled surgeries or admissions at hospitals that are unrelated to COVID-19 for 60 days, so long as notification within 48 hours occurs and Fallon retains the ability to conduct retrospective review. Should the public health emergency continue beyond 60 days, MAHP member plans will reassess.
- Extending previously approved home health authorizations for up to 90 days.

For more information, please refer to Important Information about Coronavirus

Harvard Pilgrim Health Care

Harvard Pilgrim is committed to supporting all our constituents — members, providers, employers, and the community in managing the coronavirus global pandemic. Please be aware of the following key dates:

- Through September 30, 2020 – Will pay for all medically necessary testing billed with:
  - CDC labs: HCPCS U0001
  - Non-CDC labs: HCPCS U0002 or CPT 87635; if using high throughput testing methodologies, use either U0003 or U0004. High throughput technology employs automated processing of more than 200 specimens a day.
  - For more information, please refer to the AMA’s coding guidance. Code 87635 does not apply to Medicare Advantage.
  - When billing with any of these codes, please use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1. When submitting COVID-19 related claims, follow the appropriate CDC guidance on diagnosis coding for the date of service; please refer to the CDC’s diagnostic coding guidance for additional information.

- For the duration of the Massachusetts state of emergency – Member cost share will be waived temporarily for antibody testing: Harvard Pilgrim covers FDA-authorized, clinically appropriate medically necessary COVID-19 antibody tests ordered by a physician or appropriately licensed care professional who is actively treating the member.

- Through September 30, 2020 – Will cover COVID-19 treatment in full without member cost-sharing (no copayments, deductibles, or coinsurance) for all fully insured commercial, Medicare Advantage, Medicare Supplement, and Medicare Enhance plans.
March 6, 2020, and for the duration of the Massachusetts state of emergency—Waiving the cost-share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in-network providers for Commercial products.

March 1–September 30, 2020, Waiving the cost-share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in-network providers for Commercial products for Medicare Advantage.

Through September 30, 2020—Waiving referral requirements for all telemedicine/telehealth services, not only COVID-19 claims.

Through June 30, 2020—Suspending prior authorization requirements for medically necessary home health care services following an inpatient admission.

Through June 30, 2020—Suspending prior authorization requirements for medically necessary SNF/LTAC/IRF following a hospital admission.

March 25–May 15, 2020—Suspending the requirement of prior authorization for non-emergent ground ambulance transport, this applies for both in- and out-of-network transport.

March 25–June 30—Suspending prior authorization and concurrent review on all acute inpatient admissions at acute care facilities, SNF, LTAC, and IRF services. Additionally, suspending prior authorization and review on elective admissions at acute care facilities in MA and CT.

Through September 28, 2020—Extending the authorization for surgical inpatient, outpatient surgical, and oral surgery day authorizations with effective dates between April 18 and May 28.

Extending active prescription drug authorizations obtained via Optum Rx. Prescription drug prior authorizations that would have expired between April 1, 2020 and June 1, 2020 will be extended by 90 days (some limitations apply).

For the duration of the Massachusetts state of emergency—No prior authorization for respiratory supplies (tubing, masks, etc.) is needed for sleep-related (BIPAP and CPAP) equipment.

For more information and programs requirements, please check these important links:

Provider Information Sheet
Commercial Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic)
Expedited credentialing and enrollment process
Tufts Health Care

March 6–July 20, 2020—Coverage and policies for Tufts Health Commercial (including Tufts Health Freedom Plan and CareLinkSM), Tufts Health Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO), Tufts Health Public Plans (Tufts Health Direct, Tufts Health RI Together, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify) members will apply per the following:

COVID-19 Diagnostic Testing and Treatment
Telehealth/Telemedicine
Utilization Management
Claims and Billing Guidelines
Credentialing
United Health Care

UHC Summary of COVID-19 Dates by Program outlines the beginning and end dates of program, process, or procedure changes that UnitedHealthcare implemented as a result of COVID-19. Full details of these changes, including applicable benefit plans and service information, can be found online. Please be aware of the following key dates:

- June 1 – All currently effective prior authorization requirements and site of service reviews resume.
- June 30 – Claims with a date of service on or after January 1, 2020 will not be denied for timely filing if submitted by June 30, 2020.
- July 24 – COVID-19 telehealth service coverage and related cost-share waivers for Individual and fully insured Group Market health plan members are extended through July 24, 2020. We’ll adhere to state regulations for Medicaid plans.
- September 30 – Cost-share is waived for Medicare Advantage members for both primary and specialty office care visits, including telehealth, through September 30, 2020.

Billing Guidance

To help you understand how UnitedHealthcare will reimburse services during the national public health emergency period, please download the COVID-19 Provider Billing Guidance.