

COVID-19 guidance

In accordance with guidance issued by the Department for Medicaid Services (DMS), Anthem Blue Cross and Blue Shield Medicaid (Anthem) is issuing the following guidance to providers specific to COVID-19 testing and treatment policies. This guidance will be in place until further notice.

- All member cost sharing will be waived for claims billed with the following diagnosis codes:
 - B97.29 — actual diagnosis
 - Z03.818 — possible exposure
 - Z20.828 — actual exposure
- Laboratory testing HCPCS codes:
 - U0001 — used to bill for tests and track new cases of the virus; code is specifically used by CDC testing laboratories
 - U0002 — used to bill for non-CDC laboratory tests for COVID-19
- The use of telehealth is encouraged, when possible:
 - Place of service code 02
 - The following codes will be added by DMS for temporary use:
 - G2010 — to be utilized for remote evaluation, such as e-mail including recorded video or images
 - G2012 — to be utilized for telephone calls between provider and patient, including FaceTime
- The above codes became effective February 2, 2020, but providers should hold billing of the codes until after April 1, 2020. DMS will update their fee schedules with these codes.
- Prior authorization is not required for services billed with the above diagnosis codes. This includes inpatient admissions and office visits.
- Early refills on prescriptions are allowed and providers are encouraged to prescribe 90-day supplies, as appropriate.

Please visit the Cabinet for Health and Family Services website for up-to-date information on COVID-19 <https://chfs.ky.gov/agencies/dph/Pages/covid19.aspx>.

Please contact your local Network Relations Consultant if you have any questions. Anthem will provide updates as new information becomes available.



<https://medproviders.anthem.com/ky>