



COVID-19 information from Anthem Blue Cross and Blue Shield Healthcare Solutions

Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) is closely monitoring COVID-19 developments how they will impact our customers and our health care 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.

Summary

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

Anthem will waive cost shares — including copays, coinsurance and deductibles — for the COVID-19 test 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. Cost shares will be waived for emergency services related to COVID-19 testing or screening from either an in-network or out-of-network provider in Nevada. While a test sample cannot be obtained through a telehealth visit, the telehealth provider help connect members with testing.

Telehealth (video + audio):

Until September 30, 2020, unless a longer period is required by law, effective March 17, 2020, Anthem will waive member cost shares for telehealth visits, from in-network providers including visits for mental health or substance use disorders. For out-of-network providers, Anthem is waiving cost shares from March 17, 2020 through June 14, 2020.

Cost sharing will be waived for members using our authorized telemedicine service, LiveHealth Online, and for care received from other providers delivering virtual care through internet video and audio services.

Telephonic-only care

From March 19, 2020, until September 30, 2020, Anthem will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Anthem 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.

Frequently asked questions

Anthem's actions

* LiveHealth Online is an independent company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield Healthcare Solutions.

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

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What is Anthem doing to prepare?

Anthem 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.

Anthem 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.

How is Anthem monitoring COVID-19?

Anthem 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 Centers for Disease Control and Prevention to help us determine what, if any, action is necessary on our part to further support our stakeholders.

Anthem 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, Anthem 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?

Anthem 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, [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

Will Anthem waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing?

Anthem will waive cost shares for our members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits. 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 Anthem 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?

Anthem will process the claim as if there is no member cost sharing, as it does, for example, with preventative health services.

How is Anthem 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 Anthem. As we announced on March 6, Anthem will waive cost shares for members of our fully insured employer-sponsored, individual, Medicare, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

How is Anthem 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, Anthem 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 Anthem. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Anthem inclusive of member cost share amounts waived by Anthem. As we announced on March 6, Anthem will waive cost shares for members of our fully-insured employer-sponsored, individual, Medicare, Medicaid and self-funded plan members — inclusive of copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test.

What codes would be appropriate for COVID-19 lab testing?

Anthem is encouraging providers to bill with codes U0001, U0002, U0003, U0004, 86328, 86769, or 87635 based on the test provided.

Does Anthem require 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 Anthem require use of a contracted provider for the COVID-19 lab test in order for waiver of the member's cost share to apply?

Anthem will waive member cost shares for COVID-19 lab tests performed by participating and non-participating providers. This is applicable for our employer-sponsored, individual, Medicare and Medicaid plan members.

What modifier is appropriate to waive member cost sharing for COVID-19 testing and visits related to testing?

CMS has provided the guideline to use the CS modifier: <https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-10-mlnc-se>. Anthem 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.

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

- Anthem covers telehealth (video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, through September 30, 2020, Anthem will waive member cost share for telehealth (video + audio) visits with in-network providers, including visits for mental health or substance abuse disorders. Cost sharing will be waived for members using LiveHealth Online, as well as for care received from other providers delivering virtual care through internet video + audio services.

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

Anthem does not cover telephone-only services today (with limited state exceptions) but we are providing this coverage until September 30, 2020, unless a longer period is required by law, effective March 19, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for plan members during extended periods of social distancing. Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

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

Effective March 17, 2020, Anthem will waive member cost share for telehealth (video + audio) visits, including visits for behavioral health, where permissible until September 30, 2020, unless a longer period is required by law. Cost sharing will be waived for members using LiveHealth Online as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Effective March 19, 2020 until September 30, 2020 Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

Is Anthem's vendor, 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 telehealth (audio and video) for physical, occupational, and speech therapies?

Effective March 17, 2020, until September 30, 2020, Anthem will waive member cost shares 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, and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168
- 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 codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?

Based on standard coding guidelines from the AMA and HCPCS, Anthem would recognize telehealth modifiers 95 or GT.

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 either modifier 95 or 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 also append either modifier 95 or GT.

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 is the best way that providers can get information members on alternative virtual care offerings?

The member facing blog <https://www.anthem.com/blog/member-news/how-to-protect> is a great resource for members with questions and is being updated regularly.

Members have access to telehealth 24/7 through LiveHealth Online. Members can access LiveHealth Online at <https://livehealthonline.com> or by downloading the LiveHealth Online app from the App Store or Google Play.

Anthem members also can call the 24/7 NurseLine at the number listed on their ID card to speak with a registered nurse about health questions.

Coding, billing and claims

Does Anthem have recommendations for reporting, testing and specimen collection?

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

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 Anthem expect any slowdown with claim adjudication because of COVID-19?

We are not seeing any impacts to claims payment processing at this time.

Are there any in-network or out-of-network limitations on these guidelines?

Anthem will waive cost-sharing requirements for testing and the cost of the testing, and for emergency services related to COVID-19 screening or testing from any provider. We will waive cost-sharing requirements for

urgent care, telehealth and office visits to screen or determine whether COVID-19 testing is needed, when received from an in-network provider, or if no in-network provider is reasonably available, then from an out-of-network provider. The 90-day waiver of cost-shares for telehealth visits unrelated to COVID-19 (such as general medical and behavioral health care) applies to in and out of network providers. The 90-day waiver of cost-shares for telephone-only or audio-only applies to in-network providers only.

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.

How does a provider submit a telehealth visit with an existing patient that lives in a bordering state?

For providers in bordering states who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective March 17, 2020 until September 30, 2020, you may submit your telehealth claim using the primary service address where you would have normally seen the member for the face-to-face visit.

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

Providers do not need to notify Anthem of temporary addresses for providing health care 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.

Do the guidelines contained in this FAQ apply to members enrolled in the Anthem-affiliated health plans in states living in another BCBS Plan's service area?

Anthem's guidelines apply to Anthem's affiliated health plan's membership (members with Anthem 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.