

COVID-19 information from Anthem Blue Cross and Blue Shield (October 1, 2020, update)

Anthem Blue Cross and Blue Shield (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

Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect patients with a test.

Telehealth (video + audio):

There are no member cost shares for telehealth visits from in-network providers, including visits for mental health or substance use disorders.

There will also be no cost sharing for members receiving telehealth from providers delivering virtual care through internet video and audio services.

Telephonic-only care

Effective March 19, 2020, through December 31, 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 for Medicaid plans. Exceptions include physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Frequently asked questions

Anthem's actions

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.

<https://mediproviders.anthem.com/wi>

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 CDC 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.

COVID-19 testing

When member cost sharing has been waived 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.

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 Medicaid members — including copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test.

Does Anthem 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 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 any normally required member cost shares for COVID-19 lab tests performed by participating and non-participating providers.

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

Anthem is encouraging providers to bill with codes, U0002 or 87635 based on the test provided.

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

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 (in other words, video + audio) services for providers who have access to those platforms/capabilities today.
- Members may receive telehealth (video + audio) visits, including visits for mental health or substance abuse disorders for our Medicaid plans. There will be no cost shares for members receiving care from 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 other than those services listed under Forward Health Topic 510, 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, through September 30, 2020, Anthem plans will waive any normally required member cost share for telehealth (video + audio) visits, including visits for behavioral health, for our Medicaid plans where permissible. Cost sharing will be waived for members receiving care from providers delivering virtual care through internet video + audio services.

Effective March 19, 2020, through 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.

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 with modifier GT.

Where applicable, an originating site fee is reimbursable to facilities; no modifier required, do not use POS 2.

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

Effective March 17, 2020, through December 31, 2020, Anthem will waive any normally required member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with the usual Place of Service code and modifier 95. These codes are covered through December 31, 2020.:

- 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 is the best way that providers can get information to Anthem's members on Anthem's alternative virtual care offerings?

The website <https://www.anthem.com> and the member-facing blog (<https://www.anthem.com/blog/member-news/how-to-protect>) are great resources for members with questions and are being updated regularly.

Anthem members also can call the Anthem 24/7 NurseLine at the number listed on their Anthem 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>.

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 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?

Submit with the correct time-based CPT code (99441, 99442, 99443, 98966, 98967, 98968) and the place of service code that depicts where the provider's telephonic-only services occurred.

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.

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 through December 31, 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.