

## Health Plan Policies, Procedures and Practices

**New   Updated.   Blank cell – Awaiting health plan response.**

### **A) COVID Related Billing**

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Page 3  | For all patients that meet the CDC criteria, plans will cover 100% of the cost of COVID testing, Diagnostic Test Panels and testing related outpatient or emergency department visit without patient deductible or cost share?                                                                                                                                                                                                                         |
| Page 12 | In situations where the testing is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?                                                                                                                                                             |
| Page 17 | When do you anticipate that providers should submit claims to you for COVID testing?                                                                                                                                                                                                                                                                                                                                                                   |
| Page 19 | If a claim was billed for COVID testing after the order (March 5 <sup>th</sup> ) and it was billed with an incorrect code, how should it be rebilled so that it is adjudicated under the order?                                                                                                                                                                                                                                                        |
| Page 22 | As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later                                                                                                                                                                                                                    |
| Page 27 | When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis .... <ul style="list-style-type: none"><li>a. Is it a covered service?</li><li>b. Does it require a prior authorization?</li><li>c. Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?</li><li>d. Are there special billing instructions?</li><li>e. Will it be reimbursed as an individual service or part of the DRG bundle?</li></ul> |
| Page 33 | Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit?                                                                                                                                                                                                                                                                                                      |

### **B) Alternative Treatment Locations**

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| Page 38 | Are ED services provided in tents and patient cars covered and if so, how should they be billed? |
| Page 40 | Are outpatient services provided in patient cars covered and if so, how should they be billed?   |

- Page 43 | Are services provided by licensed hospitals in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?
- Page 45 | Is SNF care provided in a licensed hospital to COVID patients in non-licensed beds covered and if so, how should they be billed?

### **C) Telehealth**

- Page 48 | Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?
- Page 52 | Are you following the HHS guidelines for the methods that will be considered telehealth (e.g. SKYPE, Facetime, etc.)? How should they be billed?
- Page 56 | What are your guidelines for audio only tele-services?
- Page 59 | Will telehealth be a covered service for patients new to that provider?
- Page 61 | For telehealth services during this interim period, will your plans allow the provider to select E&M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?
- Page 64 | Well child visits are not on the telehealth list from CMS. Will payers cover well child visits via telehealth?
- Page 68 | Will your health plan follow the CMS Guideline and allow the hospital to bill under the Physician Fee Schedule for the originating site facility fee associated with the telehealth service as well as for the professional fee?

### **D) Provider Workflow**

- Page 70 | Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much?
- Page 75 | Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period?
- Page 80 | Can any patient signature requirements be waived for COVID patients, e.g. Medicare MOON?

**A) Billing under the Emergency Orders 20-01, 20-02**

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| <p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> <li>• COVID test</li> <li>• Diagnostic test panels for influenza A &amp; B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider</li> <li>• Testing related visit in the outpatient or Emergency Department setting</li> </ul> |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Follow Common Direction?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Aetna</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Yes<br/>03/30/20</p> | <p><a href="#">Aetna COVID page</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. This policy covers the cost of a physician-ordered test and the office, clinic or emergency room visit that results in the administration of or order of a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The policy aligns with new Families First legislation requiring all health plans to provide COVID-19 testing without cost share. The requirement also applies to self-insured plans.</p> |
| <p><b>Amerigroup – DSNP</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Yes<br/>04/24/20</p> | <p><a href="#">Provider COVID FAQ</a></p> <p>Use of 'CS' modifier is not applicable</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>CHPW - Medicare Advantage</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>Yes<br/>03/27/20</p> | <p><a href="#">Provider COVID FAQ</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>'CS' modifier will be processed for Medicare</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| Follow Common Direction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Cigna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Most<br>04/01/20 | <a href="#">COVID Provider page</a><br>Scroll down to "Provider Frequently Asked Questions" and Select "COVID-19 Medical Treatment"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cigna will waive customers' out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor's office, urgent care clinic, emergency room or via telehealth, through May 31, 2020. Cigna also eliminated patient out-of-pocket costs for the diagnostic testing when it is recommended by a physician. This expanded coverage includes customers in the United States who are enrolled in Cigna's employer/union sponsored group insurance plans, globally-mobile plans, Medicare Advantage, Medicaid and the Individual & Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy. |
| Coordinated Care - Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes<br>03/27/20  | <a href="#">COVID Provider page</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician visit. Copayment, coinsurance, and/or deductible cost-sharing requirements will be waived for medically necessary COVID-19 diagnostic testing and/or medical screening services.                                                                                                                                                                                                                                                                                                                |

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| First Choice (TPA and PPO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Varies by our Payers' Plans 03/27/20 | <p><a href="#">COVID Provider page</a></p> <p>Modifier CS will be considered in the adjudication of COVID-19 testing services with another claim information</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.</p> <p>As an administrator for our self-funded health Plans, we are complying with the Families First Coronavirus Response Act, specifically the "Health Provisions" and the CARES Act-Health Provisions Coronavirus Aid, Relief and Economic Security (CARES) Act.</p> <p>FCH is encouraging all FCH payors to waive patient responsibility for COVID-19 diagnostics, including testing services, performed in accordance with the Families First Coronavirus Response Act and the CARES Act.</p> |
| HCA Apple Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes 04/08/20                         | Tests and E&M visit covered at 100% of the allowed amount and the patient cannot be billed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>Claim coding should be consistent with the HCA FAQs posted at <a href="https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19">https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19</a></p> <p>Scroll down to 'Providers, Billers and Partners'</p>                                                                                                                                                                                                                                                                                                                                                           |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | Use of 'CS' modifier is inappropriate as cost sharing is not applicable for Medicaid/MCO covered services'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | See FFS and MCO specific pages identified below.                                                                                                                                                                                                                                                                                  |
| Medicaid FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes<br>03/27/20 | <a href="#">COVID resource page</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |
| Amerigroup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>03/27/20 | See "COVID-19 News and Resources" on provider web site ( <a href="https://providers.amerigroup.com/pages/wa.aspx">https://providers.amerigroup.com/pages/wa.aspx</a> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                   |
| CHPW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>03/27/20 | <a href="#">Provider COVID FAQ</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |
| Coordinated Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes<br>03/27/20 | <a href="#">COVID Provider page</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician visit. Copayment, coinsurance, and/or deductible cost-sharing requirements will be waived for |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Molina             | Yes<br>04/01/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <a href="#">Molina COVID Resource Page</a>          | See HCA response for Medicaid.<br><br>For Medicare will follow CMS guidance.                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UHC Community Plan | Yes<br>03/27/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     | UnitedHealthcare is waiving member costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KP-NW              | Yes<br>04/24/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | We will NOT use the CS modifier in our adjudication | Most of our health plans require use of in-network providers for non-emergency services. However, in alignment with federal guidance, we cover COVID-19 related testing and visit, without deductible or cost-sharing, regardless of the provider's network status.                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KP-WA              | Yes<br>04/24/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | We will NOT use the CS modifier in our adjudication | Most of our health plans require use of in-network providers for non-emergency services. However, in alignment with federal guidance, we cover COVID-19 related testing and visit, without                                                                                              |

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| Follow Common Direction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>deductible or cost-sharing, regardless of the provider's network status.</p> <p>Self-insured plan sponsors will be able to opt-out of this program at their discretion</p>                                                                                                                                         |
| Labor & Industries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes<br>04/08/20 | <p>If due to work exposure</p> <p><a href="https://www.lni.wa.gov/agency/outreach/workers-compensation-coverage-and-coronavirus-covid-19-common-questions">https://www.lni.wa.gov/agency/outreach/workers-compensation-coverage-and-coronavirus-covid-19-common-questions</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Recommend worker file claim (Report of Accident or Occupational Disease) online before going for test, then take L&amp;I claim # to provider giving test.</p> <p><a href="https://secure.lni.wa.gov/home/default.aspx?rfs=PleaseSign%20In">https://secure.lni.wa.gov/home/default.aspx?rfs=PleaseSign%20In</a></p> |
| Molina - Marketplace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>04/01/20 | <p><a href="#">Molina COVID Resource Page</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Health plan has no Self-insured plan sponsors.</p> <p>We allow modifier CS submitted with diagnosis codes per CDC guidance. Providers should include the appropriate ICD-10 diagnosis code (B97.29, U07.1, Z03.818, Z20.828) with the E&amp;M code for the visit</p>                                               |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> <li>• COVID test</li> <li>• Diagnostic test panels for influenza A &amp; B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider</li> <li>• Testing related visit in the outpatient or Emergency Department setting</li> </ul> |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Follow Common Direction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pacific Source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Most 03/27/20 | <p><a href="#">Provider page</a> (link available on page to download COVID FAQ).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>PacificSource is also covering all outpatient, urgent care, and emergency room visits, testing and radiology (applicable chest x-rays) at 100%, if billed with a COVID-19 DX (B342, B9729, U071, Z03818, Z20828). If the patient is admitted to the hospital, regular member benefits apply.</p> <p>Self-insured plan sponsors will be able to opt-in to this program at their discretion.</p>                                                                                                                                                                                           |
| Premera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Most 03/27/20 | <p><a href="#">COVID Provider page</a></p> <p>Premera accepts the CS modifier but it is optional, not required</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Premera will cover 100% of the cost of the COVID-19 lab and other diagnostic test panels and the associated visit resulting in no cost share for the fully insured members.</p> <p>Premera and LifeWise Health Plan of Washington customers will pay nothing out of pocket for treatment of COVID-19 or health complications associated with COVID-19, including in-patient and out-patient hospital admissions, urgent care and emergency room visits, medical transport when needed, and FDA-approved in-patient medications for both in and out of network providers. The company</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> <li>• COVID test</li> <li>• Diagnostic test panels for influenza A &amp; B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider</li> <li>• Testing related visit in the outpatient or Emergency Department setting</li> </ul> |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Follow Common Direction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>previously announced that it would waive cost shares for COVID-19 testing.</p> <p>Self-funded employer groups will apply this approach but may opt out of this arrangement.</p>                                                                                                                                                                                                                                                                                                        |
| Providence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Most<br>04/01/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Most - We are supporting self-insured plan sponsors who choose to implement the same or similar coverage; however, self-insured plan sponsors are able to opt-out of this coverage at their discretion.                                                                                                                                                                                                                                                                                   |
| Regence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Most<br>04/29/20 | <p><a href="#">COVID resource page</a></p> <p>Scroll down to COVID Testing</p> <p>Providers can bill with CS, but it is information and does not drive payment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Regence is covering testing, the additional respiratory diagnostic panels, and the associated office visit for COVID-19 without any out-of-pocket costs for our fully insured members. Regence is also covering the cost of treatment for COVID-19 without any out-of-pocket costs for our fully insured members who are admitted through June 30, 2020.</p> <p>Regence is working with our self-funded employer groups to implement similar cost share arrangements when directed</p> |

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| <p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> <li>• COVID test</li> <li>• Diagnostic test panels for influenza A &amp; B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider</li> <li>• Testing related visit in the outpatient or Emergency Department setting</li> </ul> |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Follow Common Direction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | <p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <a href="https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf">https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf</a> &amp; <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a></p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS <a href="https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913">https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</a>), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p> |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | For additional information and current claims submission information related to COVID-19 testing and treatment, please visit the Regence provider site referenced here. This site is updated as quickly as possible when new information is available.                                                                                                                                               |
| UHC - Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Most 03/27/20 | <p><a href="#">Provider COVID resource</a></p> <p>UHC accepts the CS modifier, but it is optional, not required</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>UnitedHealthcare is waiving member costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members.</p> <p>We are also supporting self-insured employer customers who chose to implement similar actions.</p> |

Consensus Direction:

Follow coding guidelines of the health plans and submit the claim with the appropriate diagnosis after the testing has come back

- Diagnosis Code used should be consistent with <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>
- Test code used should be consistent with Medicare Guidelines [https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#\\_Toc37139913](https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913). HCPS U0002 is for dates of service on or after February 4, 2020 and CPT 87635 for dates of service after March 13. HCPS U0003 and U0004 are for dates of service after April 14, 2020

As part of their adjudication process, *commercial* health plans will differentiate between the following two scenarios: 1) E&M visit is related to COVID/Diagnostic panel testing (patient cost share waived), and 2) E&M visit is related to COVID care once the testing is completed (patient cost share not waived).

NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS [https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#\\_Toc37139913](https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913)), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.

Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing (<https://www.cms.gov/files/document/cms-2020-01-r.pdf>), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit.

**In situations where the testing is billed by the lab and the E&M visit is billed by the provider, how should providers submit the claim with the E&M visit -- so that it is clear that E&M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?**

| Follow Common Direction? |                 | See above                                                                                                                                                                                                                                                                                       |  |
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| Aetna                    | Yes<br>03/27/20 | <a href="#">Aetna COVID page</a><br>Scroll down to <ul style="list-style-type: none"><li>• 'What CPT, HCPS, ICD-10 and other codes should I be aware of related to COVID-19?' &amp; to</li><li>• "What Common Procedural Technology (CPT) codes should be used for COVID-19 testing?"</li></ul> |  |
| Amerigroup - DSNP        | Yes<br>04/24/20 | <a href="#">Provider COVID FAQ</a><br>Use of 'CS' modifier is not applicable                                                                                                                                                                                                                    |  |

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| Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing ( <a href="https://www.cms.gov/files/document/cms-2020-01-r.pdf">https://www.cms.gov/files/document/cms-2020-01-r.pdf</a> ), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit. |                 |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
| <b>In situations where the testing is billed by the lab and the E&amp;M visit is billed by the provider, how should providers submit the claim with the E&amp;M visit -- so that it is clear that E&amp;M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?</b>                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>See above</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes<br>03/27/20 | We expect the CR modifier, or one of the COVID diagnosis or related diagnosis put out by CDC                                                                                                                                                                                                                                                                          |                                                                                                                                           |
| <b>Cigna</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes<br>03/27/20 | <a href="#">COVID response page</a> – Under ‘Interim Billing Guidelines’ scroll to ‘General billing guidance for COVID-19 related services’ section.                                                                                                                                                                                                                  |                                                                                                                                           |
| <b>Coordinated Care - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes<br>03/27/20 | For Apple Health - <a href="#">HCA COVID billing guidelines</a><br><br>For Marketplace plan, for claim billed without the COVID-19 lab tests, screening related claims with diagnosis codes Z20.828 and Z03.818 will be covered with \$0 member liability.                                                                                                            | Providers should bill the appropriate E/M code with the appropriate diagnosis codes including U07.1 and those found in the link attached. |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>03/27/20 | When COVID-19 diagnosis code U07.1 is appropriately coded with an E&M code, this will indicate it is for COVID-19. If U07.1 is not effective or appropriate due to an initial visit, then refer to the recommended diagnosis coding from the CDC.<br><br>Modifier CS will be considered in the adjudication of COVID-19 testing services with other claim information |                                                                                                                                           |
| <b>HCA – Apple Health</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 04/08/20        | All services covered at 100% of the allowed and patient cannot be billed<br><br>Use of ‘CS’ modifier is inappropriate as cost sharing is not applicable for Medicaid/MCO covered services’<br><br>Medicaid FFS and MCOs will also reimburse for testing billed with CPT code U0002 and, as of 04/14/20, with codes U0003 & U0004.                                     |                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |
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| Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing ( <a href="https://www.cms.gov/files/document/cms-2020-01-r.pdf">https://www.cms.gov/files/document/cms-2020-01-r.pdf</a> ), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit. |                 |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |
| <b>In situations where the testing is billed by the lab and the E&amp;M visit is billed by the provider, how should providers submit the claim with the E&amp;M visit -- so that it is clear that E&amp;M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?</b>                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>See above</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Claims should be submitted consistent with the guidance provided on the FFS and MCO websites: Providers do not need to differentiate between the clinical scenarios above but instead follow the coding guidance on the FAQs found at <a href="https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19">https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19</a> |                                                                                                                                                                                                                                                                           |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes<br>03/27/20 | For providers that can bill for an E/M service, the testing is part of the E/M service. If the client comes into the provider's office just for the specimen collection, then the provider can bill 99211 for the service.                                                                                                                                                                  |                                                                                                                                                                                                                                                                           |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>03/27/20 | See HCA Apple Health response                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                           |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>03/27/20 | We expect the CR modifier, or one of the COVID diagnosis or related diagnosis put out by CDC                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>03/27/20 | For Apple Health - <a href="#">HCA COVID billing guidelines</a>                                                                                                                                                                                                                                                                                                                             | Providers should bill the appropriate E/M code with the appropriate diagnosis codes including U07.1 and those found in the link attached.                                                                                                                                 |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes<br>04/17/20 | See HCA Apple Health response<br><br><a href="#">Molina COVID Resource Page</a>                                                                                                                                                                                                                                                                                                             | Molina does not differentiate between the two scenarios. Follow coding guidance: Providers should include the appropriate ICD-10 diagnosis code (B97.29, U07.1, Z03.818, Z20.828) with the E&M code for the visit<br>Molina will follow the same process for all programs |

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| Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing ( <a href="https://www.cms.gov/files/document/cms-2020-01-r.pdf">https://www.cms.gov/files/document/cms-2020-01-r.pdf</a> ), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit. |                  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |  |
| <b>In situations where the testing is billed by the lab and the E&amp;M visit is billed by the provider, how should providers submit the claim with the E&amp;M visit -- so that it is clear that E&amp;M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?</b>                                                                                                                                             |                  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | <b>See above</b>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |  |
| <b>UHC – Community Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>04/17/20  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes<br>04/01/20  | The provider should bill with the appropriate screening diagnosis associated with COVID-19 to include relevant ICD-10 infection codes. Additionally, we have established provider reconsideration processes if a provider believes the claim was paid incorrectly.<br><br>We will NOT use the CS modifier in our adjudication                                 |                                                                                                                                                                                                                                                                                  |  |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | N.A.<br>04/08/20 | If due to work exposure, all services are covered regardless of the order in which they are submitted.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                  |  |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>04/01/20  | <a href="#">Molina COVID Resource Page</a><br><br>For Marketplace plan, for claim billed without the COVID-19 lab tests, screening related claims with diagnosis codes Z20.828 and Z03.818 will be covered with \$0 member liability.                                                                                                                         | Molina does not differentiate between the two scenarios. Follow coding guidance. We allow modifier CS submitted with dx codes per CDC guidance. Providers should include the appropriate ICD-10 diagnosis code (B97.29, U07.1, Z03.818, Z20.828) with the E&M code for the visit |  |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes<br>03/27/20  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |  |
| <b>Premiera</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes<br>03/27/20  | When the provider can provide a diagnosis of COVID-19, U07.1, the diagnosis should be billed on the claims for the E&M visit. However, since the initial visit is to diagnose the patient, the COVID-19 is not expected to be available at the time of the visit. When the COVID-19 diagnosis is not available, the E&M code should be billed with one of the |                                                                                                                                                                                                                                                                                  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing ( <a href="https://www.cms.gov/files/document/cms-2020-01-r.pdf">https://www.cms.gov/files/document/cms-2020-01-r.pdf</a> ), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit. |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>In situations where the testing is billed by the lab and the E&amp;M visit is billed by the provider, how should providers submit the claim with the E&amp;M visit -- so that it is clear that E&amp;M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?</b>                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>See above</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <p>appropriate ICD-10 diagnosis codes related to possible COVID-19 exposure as defined by the CDC.</p> <p>Premiera will waive the cost share associated with the initial E&amp;M visit when the visit is billed on the same claim as the COVID-19 lab testing. When the E&amp;M visit is billed separately, a review will be done to identify the testing related visit. When the related visit is not identified, the E&amp;M claim will be adjusted as identified by the provider or the member.</p> <p>Premiera accepts the CS modifier but it is optional, not required</p> |  |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>06/15/20 | No cost share for E&M visits associated with testing billed with HPCS codes U0001, U0002, U0003, U0004, CPT codes 87365, 86328, 86769, or specimen collection codes G2023, G2024 regardless of dx code.                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Regence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes<br>04/28/20 | <p>The associated E&amp;M visit should be billed with diagnosis code U07.1.</p> <p>When the E&amp;M visit is billed separately, a review will be done to identify the testing related visit.</p> <p>There may be additional recommended billing guidelines as we begin to receive more COVID-19 coded claims.</p> <p>Providers can bill with CS, but it is information and does not drive payment.</p>                                                                                                                                                                          |  |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| Under the Emergency Order, some health plans will cover the entire cost, prior to deductible and with no patient cost share, of COVID testing ( <a href="https://www.cms.gov/files/document/cms-2020-01-r.pdf">https://www.cms.gov/files/document/cms-2020-01-r.pdf</a> ), Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) and, in the outpatient setting, the associated E&M visit. |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>In situations where the testing is billed by the lab and the E&amp;M visit is billed by the provider, how should providers submit the claim with the E&amp;M visit -- so that it is clear that E&amp;M visit is to be covered under the Emergency Order (since the testing will be billed by the lab)?</b>                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>See above</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>UHC - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>06/10/20 | <u>Provider COVID resource</u><br><br>See the section on “Testing, Treatment, Coding & Reimbursement” then “Claim Coding, Submissions and Reimbursement” then click on ‘Billing Guidance’ and scroll down to ‘Office Billing Scenarios’<br>UHC accepts the CS modifier, but it is optional, not required<br><br>Step 1. Use appropriate Office Visit E/M code<br>Step 2:<br>Use ICD Dx: Z03.818 – For suspected exposure to COVID-19<br>Use ICD Dx: Z20.828 – For exposure to confirmed case of |  |

|                                                                                             |                   |                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>When do you anticipate that providers should submit claims to you for COVID testing?</b> |                   |                                                                                                                                                                      |  |
| <b>Follow Common Direction?</b>                                                             |                   | <b>Claims can be submitted now, in some cases, the health plan will hold claims until the systems are configured (with pricing) to process the claims accurately</b> |  |
| <b>Aetna</b>                                                                                | Now<br>03/27/20   | For Coding Guidelines, see Aetna’s Response to the previous question.                                                                                                |  |
| <b>Amerigroup – DSNP</b>                                                                    | Yes<br>04/21/20   |                                                                                                                                                                      |  |
| <b>CHPW - Medicare Advantage</b>                                                            | Now<br>03/27/20   | Provider can bill for dates of service 02/01/2020 and forward.                                                                                                       |  |
| <b>Cigna</b>                                                                                | 04/01<br>03/27/20 | Laboratories are asked to hold any claims for COVID-19 using code this until April 1, 2020 to ensure proper reimbursement.                                           |  |
| <b>Coordinated Care - Commercial</b>                                                        | Now<br>03/27/20   | The new codes are loaded in our system and will be processed accordingly. If you submitted claims previously that rejected, please resubmit your claim.              |  |

| When do you anticipate that providers should submit claims to you for COVID testing? |                   |                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                             |                   | Claims can be submitted now, in some cases, the health plan will hold claims until the systems are configured (with pricing) to process the claims accurately        |  |
| First Choice (TPA and PPO)                                                           | Now<br>03/27/20   | Codes are loaded. Claims may be processed manually until system set up is complete.                                                                                  |  |
| HCA – Apple Health                                                                   | Now<br>04/11/20   | See specific instructions for FFS and MCOs below                                                                                                                     |  |
| Medicaid FFS                                                                         | Now<br>03/27/20   | Provider can submit claims for COVID testing (retroactive to 2/4/20 dates of service) at any time. Some claims may need to be resubmitted for dual eligible clients. |  |
| Amerigroup                                                                           | Now<br>03/27/20   | Provider can submit claims for COVID testing at any time. Amerigroup will hold claims until our systems are configured to process the claims accurately.             |  |
| CHPW                                                                                 | Now<br>03/27/20   | Provider can bill for dates of service 02/01/2020 and forward.                                                                                                       |  |
| Coordinated Care                                                                     | Now<br>03/27/20   | The new codes are loaded in our system and will be processed accordingly. If you submitted claims previously that rejected, please resubmit your claim.              |  |
| Molina                                                                               | Now<br>04/01/20   | Claims can be submitted for COVID testing retroactive to the 2/4/20 date of service                                                                                  |  |
| UHC Community Plan                                                                   | 04/01<br>03/27/20 | We ask that care providers hold claims for processing until April 1, 2020.                                                                                           |  |
| KP-NW                                                                                | Now<br>04/01/20   | Our systems are currently configured to accept COVID testing claims                                                                                                  |  |
| KP-WA                                                                                | Now<br>04/01/20   | Our systems are currently configured to accept COVID testing claims                                                                                                  |  |
| Labor & Industries                                                                   | Now<br>05/20/20   | Now claims should be submitted as they occur                                                                                                                         |  |
| Molina - Marketplace                                                                 | Now<br>04/01/20   | Claims can be submitted for COVID testing retroactive to the 2/4/20 date of service                                                                                  |  |
| Pacific Source                                                                       | Now<br>03/27/20   | Submit claims using the correct CPT codes; claims that are denied should be resubmitted with the correct codes.                                                      |  |
| Premiera                                                                             | Now               |                                                                                                                                                                      |  |

| When do you anticipate that providers should submit claims to you for COVID testing? |                   |                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                             |                   | Claims can be submitted now, in some cases, the health plan will hold claims until the systems are configured (with pricing) to process the claims accurately                    |  |
|                                                                                      | 03/27/20          |                                                                                                                                                                                  |  |
| Providence                                                                           | Now<br>04/01/20   | Our systems are currently configured to accept COVID testing claims                                                                                                              |  |
| Regence                                                                              | Now<br>04/28/20   | Our systems are currently accepting claims. Please visit the Regence <a href="#">COVID resource page</a> and scroll down to COVID Testing for the specific code effective dates. |  |
| UHC - Commercial                                                                     | 04/01<br>03/27/20 | We ask that care providers hold claims for processing until April 1, 2020.                                                                                                       |  |

| If a claim was billed for COVID testing after the order (March 5 <sup>th</sup> ) and it was billed with an incorrect code how should it be rebilled so that it is adjudicated under the order? |                 |                                                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                       |                 | To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes. ( <a href="#">CDC COVID-19 coding guidelines</a> )                            |  |
| Aetna                                                                                                                                                                                          | Yes<br>03/27/20 | To the extent a claim was submitted with incorrect coding and reimbursement was not received in accordance with the OIC's COVID19 Emergency Order, please submit a corrected claim. For Coding Guidelines, see Aetna's Response to the previous question. |  |
| Amerigroup – DSNP                                                                                                                                                                              | Yes<br>04/21/20 | <a href="https://providers.amerigroup.com/pages/wa.aspx">https://providers.amerigroup.com/pages/wa.aspx</a> under "Provider Resources & Documents" includes instructions on submission of corrected claims.                                               |  |
| CHPW - Medicare Advantage                                                                                                                                                                      | Yes<br>03/27/20 |                                                                                                                                                                                                                                                           |  |
| Cigna                                                                                                                                                                                          | Yes<br>05/11/20 | <a href="#">COVID response page</a> – Under 'Interim Billing Guidelines' scroll to 'General billing guidance for COVID-19 related services' section.                                                                                                      |  |
| Coordinated Care - Commercial                                                                                                                                                                  | Yes<br>03/27/20 | If the provider feels the claim was not adjudicated probably based on evolving guidance, they can submit a corrected claim within the                                                                                                                     |  |

| If a claim was billed for COVID testing after the order (March 5 <sup>th</sup> ) and it was billed with an incorrect code how should it be rebilled so that it is adjudicated under the order? |                 |                                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                       |                 | To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes. ( <a href="#">CDC COVID-19 coding guidelines</a> )                                                                                                                                      |  |
|                                                                                                                                                                                                |                 | timeframes specified in their contract or in our Provider Handbook for reprocessing. They may also call our Customer Service Center to ask us to review their claim if they do not feel it was processed correctly as billed.                                                                                                                                       |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                              | Yes<br>04/01/20 | Please follow the corrected claim process and submit a corrected claim with the appropriate coding.                                                                                                                                                                                                                                                                 |  |
| <b>HCA – Apple Health</b>                                                                                                                                                                      | Yes<br>04/11/20 | See specific instructions for FFS and MCOs below<br><br>Any claim can be adjusted per the guidance on the HCA and Managed care websites                                                                                                                                                                                                                             |  |
| <b>Medicaid FFS</b>                                                                                                                                                                            | Yes<br>03/27/20 | The addition of the CR modifier to the claim will allow the claim to pay.                                                                                                                                                                                                                                                                                           |  |
| <b>Amerigroup</b>                                                                                                                                                                              | Yes<br>03/27/20 | <a href="https://providers.amerigroup.com/pages/wa.aspx">https://providers.amerigroup.com/pages/wa.aspx</a> under “Provider Resources & Documents” includes instructions on submission of corrected claims.                                                                                                                                                         |  |
| <b>CHPW</b>                                                                                                                                                                                    | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Coordinated Care</b>                                                                                                                                                                        | Yes<br>03/27/20 | If the provider feels the claim was not adjudicated probably based on evolving guidance, they can submit a corrected claim within the timeframes specified in their contract or in our Provider Handbook for reprocessing. They may also call our Customer Service Center to ask us to review their claim if they do not feel it was processed correctly as billed. |  |
| <b>Molina</b>                                                                                                                                                                                  | Yes<br>04/01/20 | Medicare & Medicaid Providers should submit a corrected claim and include one of the following ICD-10’s: B97.29, U07.1, Z03.818, Z20.828                                                                                                                                                                                                                            |  |
| <b>UHC Community Plan</b>                                                                                                                                                                      | Yes<br>04/01/20 |                                                                                                                                                                                                                                                                                                                                                                     |  |

| If a claim was billed for COVID testing after the order (March 5 <sup>th</sup> ) and it was billed with an incorrect code how should it be rebilled so that it is adjudicated under the order? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                       |                 | To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes. ( <a href="#">CDC COVID-19 coding guidelines</a> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| KP-NW                                                                                                                                                                                          | Yes<br>03/27/20 | If a claim was coded incorrectly and does not have the expected adjudication aligning with the COVID-19 emergency order, please follow the normal process to submit a revised claim for re-adjudication or to follow the provider reconsideration process, as appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| KP-WA                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Labor & Industries                                                                                                                                                                             | Yes<br>05/20/20 | A corrected claim should be submitted after coordinating with the claim manager.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Molina - Marketplace                                                                                                                                                                           | Yes<br>04/01/20 | Providers should submit a corrected claim and include one of the following ICD-10's: B97.29, U07.1, Z03.818, Z20.828                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Pacific Source                                                                                                                                                                                 | Yes<br>07/09/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Premiera                                                                                                                                                                                       | Yes<br>03/27/20 | <p>This Probably depends on whether the claim was paid or denied or something else.</p> <p>More than likely the diagnosis and lab test codes were not established for some of the prior submissions so if the claim was paid, I am not sure they need total resubmit. If the claim was denied, I think the reason for the denial would determine whether to rebill or not. If the "rebill" reason is to remove member cost share, then the provider should be coding the claim correctly.</p> <p>If services were performed after the date of the order (3/5/2020 WA, 3/3/2020 AK), then the provider could rebill using the new COVID-19 lab testing codes U0001, U0002.</p> <p>If the services were performed prior to the date of the order, there would be no adjustment needed as the cost shares are being waived if services are performed as of the date of the order.</p> |  |
| Providence                                                                                                                                                                                     | Yes             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

| If a claim was billed for COVID testing after the order (March 5 <sup>th</sup> ) and it was billed with an incorrect code how should it be rebilled so that it is adjudicated under the order? |                 |                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                       |                 | To the extent a claim was submitted with incorrect coding, it should be rebilled following the standard rebilling process with the corrected diagnosis and procedure codes. ( <a href="#">CDC COVID-19 coding guidelines</a> ) |  |
|                                                                                                                                                                                                | 04/01/20        |                                                                                                                                                                                                                                |  |
| Regence                                                                                                                                                                                        | Yes<br>04/28/20 | We anticipate corrected claims may need to be submitted.                                                                                                                                                                       |  |
| UHC - Commercial                                                                                                                                                                               | Yes<br>04/28/20 |                                                                                                                                                                                                                                |  |

#### Consensus Direction

New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the below policies/practices they adopt – RC, LT, or Both.

1) Retro-Credentialing (RC): Once a provider is credentialed, services that they provided on or after the date of completion of credentialing application can be billed

- Expedited Credentialing: Health Plans will expedite the credentialing process for providers that are filling positions to meet the demand of the current COVID crisis. Providers should complete the standard credentialing application and contact the health plan's provider relations team to request expedited credentialing
- Effective Billing Date: Upon successful completion of the credentialing process, the provider's effective date for the purpose of billing will be the same as the date that their application was received by the health plan as complete.

Claims for services rendered by providers being credentialed should be submitted not earlier than 30 days past the credentialing approval date to allow the health plan system to be set up.

Any claims submitted for services rendered by provider being credentialed prior to this timeframe will be paid as out of network, something else:

AND/OR

2) Locum Tenens (LT): The provider will fall under locum tenens and their services can be billed

A provider can identify and authorize care for his or her patients by another provider for at least 90 days, and ideally 180 day, while the authorizing provider continues to treat patients at the organization. During the period, the provider organization can bill for locum tenes provider services and the locum tenens provider can be going through expedited credentialing

Locum Tenens applies to all provider organizations whether or not they have delegated credentialing

| As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later? |                         |                                                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                                                             |                         | New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both. |  |
| Aetna                                                                                                                                                                                                                                | Locum Tenes<br>04/28/20 |                                                                                                                                                                                                                                                                                                                |  |
| Amerigroup – DSNP                                                                                                                                                                                                                    | Locum Tenes<br>05/05/20 | The provider entity that employers/accepts the volunteer services of the new practitioner would bill us under its normal billing procedures, in the name of the authorizing provider (who is already credentialed with us)                                                                                     |  |
| CHPW - Medicare Advantage                                                                                                                                                                                                            | Locum Tenes<br>04/02/20 | <ul style="list-style-type: none"><li>• Paying providers who are qualified – locums and not necessarily locums.</li><li>• We are paying non-credentialed but qualified providers during this crisis.</li><li>• Additionally, we have expedited credentialing.</li></ul>                                        |  |
| Cigna                                                                                                                                                                                                                                | Locum Tenes<br>05/11/20 | <a href="#">COVID response page</a> – Under 'Provider Frequently Asked Question' scroll to 'Credentialing' section.                                                                                                                                                                                            |  |

| As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later? |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                                                             |                          | New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both.                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                      |                          | Also, effective April 1, 2020, Cigna is accelerating the initial credentialing process for COVID-19 related applications. We anticipate that the majority of providers will be initially credentialed through this accelerated credentialing process to address COVID-19 related services. This accelerated initial credentialing process will be available until June 30, 2020. Providers are asked to identify that their credentialing request is a COVID-19 application upon submission. |  |
| Coordinated Care - Commercial                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| First Choice (TPA and PPO)                                                                                                                                                                                                           | Locum Tenens<br>04/24/20 | This is during the public health emergency.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| HCA-Apple Health                                                                                                                                                                                                                     | Locum Tenes<br>04/13/20  | Providers registered in DOH's volunteer health practitioner system must also be enrolled with HCA as either a billing or non-billing provider in order to bill Medicaid services. DOH does not have this information posted so HCA is working on this communication pathway with DOH, but this is still pending.                                                                                                                                                                             |  |
| Medicaid FFS                                                                                                                                                                                                                         | Locum Tenes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Amerigroup                                                                                                                                                                                                                           | Locum Tenens<br>04/16/20 | <a href="https://providers.amerigroup.com/Reimbursement%20Policy%20Documents/ALL_RP_LocumTenensPhysicians.pdf">https://providers.amerigroup.com/Reimbursement%20Policy%20Documents/ALL_RP_LocumTenensPhysicians.pdf</a><br>Amerigroup allows locum tenens reimbursement for a period of 90 continuous days with at least 30 days elapsing between 90-day periods in accordance with Washington                                                                                               |  |



| As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later? |                         |                                                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                                                             |                         | New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both. |  |
|                                                                                                                                                                                                                                      |                         | State Health Care Authority (HCA) Physician Related Services manual.                                                                                                                                                                                                                                           |  |
| <b>CHPW</b>                                                                                                                                                                                                                          | Locum Tenes<br>04/13/20 | Will follow HCA Guidelines                                                                                                                                                                                                                                                                                     |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                              | Locum Tenes<br>04/13/20 |                                                                                                                                                                                                                                                                                                                |  |
| <b>Molina</b>                                                                                                                                                                                                                        | Locum Tenes<br>04/10/20 | This will include temporary providers joining contracted and non-contracted provider groups/facilities.<br><br><a href="#">Molina COVID Resource Page</a><br>Scroll down to 'Provider Credentialing'                                                                                                           |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                            | Locum Tenes<br>04/13/20 |                                                                                                                                                                                                                                                                                                                |  |
| <b>KP-NW</b>                                                                                                                                                                                                                         | Locum Tenes<br>04/24/20 |                                                                                                                                                                                                                                                                                                                |  |
| <b>KP-WA</b>                                                                                                                                                                                                                         | Locum Tenes<br>04/24/20 |                                                                                                                                                                                                                                                                                                                |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                        | Locum Tenes<br>5/21/20  | L&I has also developed a process to expedite provider account applications for those healthcare providers participating in the Department of Health Emergency Volunteer Healthcare Practitioner program.                                                                                                       |  |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                          | Locum Tenes             | This will include temporary providers joining contracted and non-contracted provider groups/facilities.                                                                                                                                                                                                        |  |

| As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later? |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Follow Common Direction?                                                                                                                                                                                                             |                                     | New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                     |
|                                                                                                                                                                                                                                      | 04/10/20                            | <a href="#">Molina COVID Resource Page</a><br>Scroll down to 'Provider Credentialing'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     |
| <b>Pacific Source</b>                                                                                                                                                                                                                | Locum<br>Tenes<br>07/09/20          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |
| <b>Premiera</b>                                                                                                                                                                                                                      | Locum<br>Tenes<br>04/20/20          | <a href="https://www.premiera.com/wa/provider/reference/medical-manuals/credentialing-contracting/">https://www.premiera.com/wa/provider/reference/medical-manuals/credentialing-contracting/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | We allow providers to be considered a Locum Tenens if they are providing services for 90 consecutive days or less. After the 90 days, they need to be credentialed. |
| <b>Providence</b>                                                                                                                                                                                                                    | 06-15-20<br>Retro-<br>Credentialing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |
| <b>Regence</b>                                                                                                                                                                                                                       | Locum<br>Tenes<br>04/16/20          | <a href="https://www.regence.com/provider/library/whats-new/covid-19#credentialing-providers">https://www.regence.com/provider/library/whats-new/covid-19#credentialing-providers</a><br><br>Regence is expediting credentialing applications for providers with practices directly impacted by COVID-19. Providers should complete a credentialing application and contact provider relations to request expedited credentialing.<br><br>Regence is also allowing exceptions to our locum tenens policy. The use of locum tenen provider has been expanded to 180 days during the COVID-19 emergency. Also, a locum tenen can have a valid license in a different state than the one in which they are practicing in. |                                                                                                                                                                     |

| As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later? |                         |                                                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                                                                                                                                                             |                         | New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both. |  |
| UHC - Commercial                                                                                                                                                                                                                     | Locum Tenes<br>04/28/20 | <a href="#">Provider COVID resource</a>                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                      |                         | See the section on "Credentialing & Contracting"                                                                                                                                                                                                                                                               |  |

| On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. ( <a href="https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency">https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency</a> , <a href="https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf">https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf</a> ) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| f. <i>Is it a covered service?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| g. <i>Does it require a prior authorization?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| h. <i>Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| i. <i>Are there special billing instructions?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| j. <i>Will it be reimbursed as an individual service or part of the DRG bundle?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Answer to Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Aetna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | a. Yes<br>b. No<br>c. Miscellaneous code J3490 - Miscellaneous codes don't have a fee with them.<br>d. Our hospital contracts include drugs, bandages, RN's, lab testing, chest x-rays, etc. From a network contracting perspective, any drug is included in the hospital per diem, case rate or DRG. This should not be a separate billable especially as Aetna is increasing payments to providers for the treatment of COVID-19 patients for certain diagnosis-related groups and specific contracting methodologies. |  |

On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency>, <https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf>)

**When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....**

- f. *Is it a covered service?*
- g. *Does it require a prior authorization?*
- h. *Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?*
- i. *Are there special billing instructions?*
- j. *Will it be reimbursed as an individual service or part of the DRG bundle?*

#### Answer to Question

|                               |          |                                                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                               |          | e. DRG                                                                                                                                                                                                                                                                                                                                               |  |
| Amerigroup - DSNP             | 08-26-20 | a. Yes<br>b. No we do not require prior authorization during Acute IP episode<br>c. ICD-10 MS- DRG grouper version 37.2 already accommodates these new codes and is effective for discharges on or after 08/01.<br>d. Anthem does not have anything published at this time. (There has not been mention of future publishing of anything.)<br>e. DRG |  |
| CHPW – Medicare Advantage     |          |                                                                                                                                                                                                                                                                                                                                                      |  |
| Cigna                         |          |                                                                                                                                                                                                                                                                                                                                                      |  |
| Coordinated Care - Commercial |          |                                                                                                                                                                                                                                                                                                                                                      |  |
| First Choice (TPA and PPO)    | 08-12-20 | First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.<br><br>For First Choice Health Administrators<br>a. Covered for treatment of COVID-19<br>b. Inpatient services require Prior Authorization.<br>c. We accept these ICD10 procedure codes.                      |  |

On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency>, <https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf>)

**When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....**

- f. *Is it a covered service?*
- g. *Does it require a prior authorization?*
- h. *Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?*
- i. *Are there special billing instructions?*
- j. *Will it be reimbursed as an individual service or part of the DRG bundle?*

**Answer to Question**

|                           |          |                                                                                                                                                                                                                                                                                                                                                           |  |
|---------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                           |          | <ul style="list-style-type: none"> <li>d. For inpatient claims for Remdesivir, XW0033E5, XW043E5 should be used</li> <li>e. Generally, If the contract with the hospital is for MS DRG reimbursement, it would be included in the MS DRG payment.</li> </ul>                                                                                              |  |
| <b>HCA Apple Health</b>   | 08-26-20 | <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. The files have been uploaded into our system and we will be following CMS rules as instructed.</li> <li>d. Yes, use DR modifier to denote COVID related</li> <li>e. Payment for Remdesivir will be bundled in the DRG payment for providers paid via this methodology</li> </ul> |  |
| <b>Medicaid FFS</b>       | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>Amerigroup</b>         | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>CHPW</b>               | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>Coordinated Care</b>   | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>Molina</b>             | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>UHC Community Plan</b> | 08-26-20 | See HCA Apple Health response above                                                                                                                                                                                                                                                                                                                       |  |
| <b>KP-NW</b>              | 08-26-20 | a. Yes, for inpatient IV formulation for treatment.                                                                                                                                                                                                                                                                                                       |  |
| <b>KP-WA</b>              |          | <ul style="list-style-type: none"> <li>b. Not at this time.</li> <li>c. Hospital claims are repriced using Optum's APR- Grouper software product. Updates still need to be made to the software, but the vendor is waiting to</li> </ul>                                                                                                                  |  |

On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency>, <https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf>)

**When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....**

- f. *Is it a covered service?*
- g. *Does it require a prior authorization?*
- h. *Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?*
- i. *Are there special billing instructions?*
- j. *Will it be reimbursed as an individual service or part of the DRG bundle?*

#### Answer to Question

|                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                               |          | <p>see how the Washington Health Care Authority (for Medicaid) or the 3M software will handle the new codes that were effective on 8/1/2020 before making any changes to their APR-DRG Grouper product. The intention is to map the new codes to the existing V37.1 APR-DRG Grouper.</p> <p>d. Not at this time.</p> <p>e. It will be reimbursed as part of the DRG grouper, just like an IV antibiotic would be covered in any hospital visit.</p> |  |
| <b>Labor &amp; Industries</b> | 08-26-20 | <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Yes</li> <li>d. No</li> <li>e. As part of a DRG bundle</li> </ul>                                                                                                                                                                                                                                                                                                          |  |
| <b>Molina - Commercial</b>    | 08-26-20 | <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. At this time it does not go through a routine PA process.</li> <li>c. We allow ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5) as of 8/1/2020 and after</li> <li>d. Not at this time</li> <li>e. For Critical Access Hospitals - covered revenue codes are paid a percentage of billed charges</li> </ul>                                                                             |  |

On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency>, <https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf>)

**When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....**

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- h. *Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?*
- i. *Are there special billing instructions?*
- j. *Will it be reimbursed as an individual service or part of the DRG bundle?*

#### Answer to Question

|                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-----------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                       |          | For Facilities paid APRDRG - payment is included in the DRG                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Pacific Source</b> | 08-20-20 | <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Yes, we follow all industry standard coding</li> <li>d. There does not appear to be any special billing instructions</li> <li>e. Reimbursement as an individual service or as part of the DRG bundle depends on the contract with the billing provider</li> </ul>                                                                                                                                                                 |  |
| <b>Premiera</b>       | 08-27-20 | <ul style="list-style-type: none"> <li>a. Yes, when provided under FDA EUA.</li> <li>b. No</li> <li>c. Yes, XW033E5, XW043E5 are the correct codes</li> <li>d. None at this time.</li> <li>e. It depends on the type of contract. If the contract is a DRG contract, the cost would be captured in the case rate for the episode of care. For all other contracts, it would be paid at the same reimbursement methodology as used for all other covered items on the submitted inpatient claim.</li> </ul> |  |
| <b>Providence</b>     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Regence</b>        | 08-20-20 | <ul style="list-style-type: none"> <li>a. Yes when provided under the Emergency Use Authorization (EUA).</li> <li>b. No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |  |

On July 30, 2020, CMS announced new procedure codes for therapeutic Remdesivir for treating hospital inpatients with COVID-10. (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-hospital-procedure-codes-therapeutics-response-covid-19-public-health-emergency>, <https://www.cms.gov/files/document/icd-10-ms-drgs-version-372-effective-august-01-2020.pdf>)

***When Remdesivir is used as an inpatient treatment with an appropriate COVID diagnosis ....***

- f. ***Is it a covered service?***
- g. ***Does it require a prior authorization?***
- h. ***Are you following the ICD-10-PCS coding for Remdesivir (XW033E5, XW043E5)?***
- i. ***Are there special billing instructions?***
- j. ***Will it be reimbursed as an individual service or part of the DRG bundle?***

#### **Answer to Question**

|                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                         |          | <ul style="list-style-type: none"> <li>c. Yes</li> <li>d. There are billing instructions on how to bill for COVID-19, but nothing specific to Remdesivir</li> <li>e. Part of the DRG bundle.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>UHC - Commercial</b> | 08-20-20 | <ul style="list-style-type: none"> <li>a. UHC will provide coverage for situations meeting the EUA criteria - Based on the FDA's Emergency Use Authorization (EUA) that allows for the distribution and emergency use of Remdesivir only for the treatment of hospitalized patients with severe COVID-19 disease.</li> <li>b. No - since Remdesivir will be administered as part of a hospital stay, a separate prior authorization for individual treatments is not required.</li> <li>c. Yes - UnitedHealthcare will recognize and accept the use of these codes.</li> <li>d. None at this time. We may have refined billing instructions in the future as information regarding treatment changes quickly. Providers can find these updated through our <a href="https://uhcprovider.com">uhcprovider.com</a> provider portal.</li> <li>e. Payment for the drug and its administration will be made in accordance with the terms of the hospital's contract.</li> </ul> |  |



Historically, Personal Protective Equipment (PPE) costs were considered by health plans to be included in the reimbursement for the associated visit and were not able to be separately billed under the terms of the agreement (contract) for professional services or hospital services.

On September 8, the AMA announced a new CPT code, 99072, to address the PPE situation and the additional clinical staff time needed to perform safety protocols during the public health emergency: <https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>

**CPT 99072** - (outside of budget neutrality) for additional supplies, materials and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed, during a Public Health Emergency as defined by law, due to respiratory transmitted infectious disease.

**Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit? Yes/No**

**If Yes,**

1. Using which of the below billing methods: a, b, c, or d?
  - a. Using CPT code 99072 - for PPE and additional clinical staff time?  
For additional clinical staff time, is there a set reimbursement cap or cap on the number of minutes that can be billed by the provider?
  - b. Using HCPCS codes ( A-series of codes ) for PPE – which one(s)?
  - c. Using a unique code to reimburse a flat "per visit" amount, rather than identifying specific PPE supplies & additional clinical staff time – which code(s)?
  - d. Other method: identify/describe?
2. For what date of service would separate reimbursement using the above method begin?
3. Is there a limitation as to “how long” separate reimbursement will be made, e.g. will payment terminate based on the end of the pandemic or some other payer determination such as Executive or business decision?

**Answer to Question**

|                          |          |    |  |
|--------------------------|----------|----|--|
| <b>Aetna</b>             | 10/14/20 | No |  |
| <b>Amerigroup - DSNP</b> |          |    |  |

**Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit? Yes/No**

**If Yes,**

1. Using which of the below billing methods: a, b, c, or d?
  - a. Using CPT code 99072 - for PPE and additional clinical staff time?  
For additional clinical staff time, is there a set reimbursement cap or cap on the number of minutes that can be billed by the provider?
  - b. Using HCPCS codes ( A-series of codes ) for PPE – which one(s)?
  - c. Using a unique code to reimburse a flat "per visit" amount, rather than identifying specific PPE supplies & additional clinical staff time – which code(s)?
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**Answer to Question**

|                                      |          |                                                                                                                                                                                                                 |  |
|--------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CHPW – Medicare Advantage</b>     |          |                                                                                                                                                                                                                 |  |
| <b>Cigna</b>                         |          |                                                                                                                                                                                                                 |  |
| <b>Coordinated Care - Commercial</b> |          |                                                                                                                                                                                                                 |  |
| <b>First Choice (TPA and PPO)</b>    | 10/05/20 | <b>Administrator of Self-Funded Plans:</b> No<br><br><b>PPO Network:</b> First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits. |  |
| <b>HCA Apple Health</b>              | 09/30/20 | No                                                                                                                                                                                                              |  |
| <b>Medicaid FFS</b>                  | 09/30/20 | No                                                                                                                                                                                                              |  |
| <b>Amerigroup</b>                    | 09/30/20 | No                                                                                                                                                                                                              |  |
| <b>CHPW</b>                          | 09/30/20 | No                                                                                                                                                                                                              |  |
| <b>Coordinated Care</b>              | 09/30/20 | No                                                                                                                                                                                                              |  |

**Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit? Yes/No**

**If Yes,**

1. Using which of the below billing methods: a, b, c, or d?
  - a. Using CPT code 99072 - for PPE and additional clinical staff time?  
For additional clinical staff time, is there a set reimbursement cap or cap on the number of minutes that can be billed by the provider?
  - b. Using HCPCS codes ( A-series of codes ) for PPE – which one(s)?
  - c. Using a unique code to reimburse a flat "per visit" amount, rather than identifying specific PPE supplies & additional clinical staff time – which code(s)?
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2. For what date of service would separate reimbursement using the above method begin?
3. Is there a limitation as to “how long” separate reimbursement will be made, e.g. will payment terminate based on the end of the pandemic or some other payer determination such as Executive or business decision?

**Answer to Question**

|                               |          |                                                                                                                                                                                                                              |  |
|-------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Molina</b>                 | 09/30/20 | No                                                                                                                                                                                                                           |  |
| <b>UHC Community Plan</b>     | 09/30/20 | No                                                                                                                                                                                                                           |  |
| <b>KP-NW</b>                  | 10/06/20 | Not until CMS establishes pricing for Code 99072                                                                                                                                                                             |  |
| <b>KP-WA</b>                  |          |                                                                                                                                                                                                                              |  |
| <b>Labor &amp; Industries</b> | 09/30/20 | No                                                                                                                                                                                                                           |  |
| <b>Molina - Marketplace</b>   | 10/13/20 | No                                                                                                                                                                                                                           |  |
| <b>Pacific Source</b>         | 09/30/20 | No                                                                                                                                                                                                                           |  |
| <b>Premiera</b>               |          | Yes<br>1. <ol style="list-style-type: none"> <li>a. CPT code 99072 is a payable code for PPE; Additional clinical staff time over what is included in the primary service would be included as part of this code.</li> </ol> |  |

**Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit? Yes/No**

**If Yes,**

1. Using which of the below billing methods: a, b, c, or d?
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For additional clinical staff time, is there a set reimbursement cap or cap on the number of minutes that can be billed by the provider?
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**Answer to Question**

|                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                   |          | b. Additional payable PPE codes include A4927, A4928, A4930 and D1999 exclusively for Dental PPE.<br><br>2. Reimbursement is made for dates of service min- March through October 2020. Code 99072 became reimbursable as of its effective date 09/08/2020 through October 2020<br><br>3. Premera’s Payment Policy indicates that separate reimbursement will be made through October 2020. Starting with date of service 11/01/2020, PPE will be considered part of practice expenses included in the main procedure(s) performed and not separately reimbursable. |  |
| <b>Providence</b> | 09/30/20 | To Be Determined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

***Will your health plan make separate payment for PPE (and possibly additional clinical staff time) in addition to the reimbursement for the visit? Yes/No***

***If Yes,***

1. Using which of the below billing methods: a, b, c, or d?
  - a. Using CPT code 99072 - for PPE and additional clinical staff time?  
For additional clinical staff time, is there a set reimbursement cap or cap on the number of minutes that can be billed by the provider?
  - b. Using HCPCS codes ( A-series of codes ) for PPE – which one(s)?
  - c. Using a unique code to reimburse a flat "per visit" amount, rather than identifying specific PPE supplies & additional clinical staff time – which code(s)?
  - d. Other method: identify/describe?
2. For what date of service would separate reimbursement using the above method begin?
3. Is there a limitation as to “how long” separate reimbursement will be made, e.g. will payment terminate based on the end of the pandemic or some other payer determination such as Executive or business decision?

**Answer to Question**

|                         |          |                                                                                                                   |  |
|-------------------------|----------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>Regence</b>          | 10/01/20 | No - Our provider COVID-19 resource <u><a href="#">webpage</a></u> states that we do not reimburse for CPT 99072. |  |
| <b>UHC - Commercial</b> | 10/02/20 | No                                                                                                                |  |

**B) Alternative Treatment Locations**

| <b>Are ED services provided in tents and patient cars covered and if so, how should they be billed?</b> |                 |                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Follow Common Direction?</b>                                                                         |                 | <b>Tents and/or patient cars located in close proximity to the ED in which ED staff provide COVID care or non-COVID care will be considered extensions of the ED. Claims for that care should use Place of Service Code – 23 Emergency Room – Hospital, with Modifier CR for professional billing and Condition Code DR for institutional billing.</b> |  |
| <b>Aetna</b>                                                                                            | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Amerigroup – DSNP</b>                                                                                | Yes<br>04/21/20 | If services are provided in a tent located in close proximity to the ED and the ED staff provides COVID care or non-COVID care, it will be considered extensions of the ED- POS 23.                                                                                                                                                                    |  |
| <b>CHPW - Medicare Advantage</b>                                                                        | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Cigna</b>                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Coordinated Care - Commercial</b>                                                                    | Yes<br>03/27/20 | Tents and cars in proximity to the facility will be considered an extension of the facility and paid accordingly. We follow all HCA and CMS guidance in this regard.                                                                                                                                                                                   |  |
| <b>First Choice (TPA and PPO)</b>                                                                       | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>HCA – Apple Health</b>                                                                               | Yes<br>04/11/20 | See specific instructions for FFS and MCOs below                                                                                                                                                                                                                                                                                                       |  |
| <b>Medicaid FFS</b>                                                                                     | Yes<br>03/27/20 | If services are provided in a tent or in a patient car that is located in proximity to, or as an extension of the emergency room, use POS 23 and the CR modifier for all professional services and use the DR modifier for the facility fee.                                                                                                           |  |
| <b>Amerigroup</b>                                                                                       | Yes<br>04/23/20 | If services are provided in a tent located in close proximity to the ED and the ED staff provides COVID care or non-COVID care, it will be considered extensions of the ED- POS 23. We follow HCA guidance in this regard.                                                                                                                             |  |
| <b>CHPW</b>                                                                                             | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                        |  |

| Are ED services provided in tents and patient cars covered and if so, how should they be billed? |                 |                                                                                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                         |                 | Tents and/or patient cars located in close proximity to the ED in which ED staff provide COVID care or non-COVID care will be considered extensions of the ED. Claims for that care should use Place of Service Code – 23 Emergency Room – Hospital, with Modifier CR for professional billing and Condition Code DR for institutional billing. |  |
|                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                 |  |
| Coordinated Care                                                                                 | Yes<br>03/27/20 | Tents and cars in proximity to the facility will be considered an extension of the facility and paid accordingly. We follow all HCA and CMS guidance in this regard.                                                                                                                                                                            |  |
| Molina                                                                                           | Yes<br>04/01/20 | Providers should bill POS 23 for hospital parking lot, POS 15 is also allowed for cars.<br>Medicare: do not use CR modifier but POS codes are relevant.                                                                                                                                                                                         |  |
| UHC Community Plan                                                                               | Yes<br>04/11/20 |                                                                                                                                                                                                                                                                                                                                                 |  |
| KP-NW                                                                                            | Yes<br>03/27/20 | When billing, the Place of Service codes should align most closely with the facility, staff and/or function being performed at that care site.                                                                                                                                                                                                  |  |
| KP-WA                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                 |  |
| Labor & Industries                                                                               | Yes<br>5/20/20  | Providers should bill POS 23 for hospital parking lot. Can use CR and DR modifiers for professional and facility billings, respectively.                                                                                                                                                                                                        |  |
| Molina - Marketplace                                                                             | Yes<br>04/01/20 | Providers should bill POS 23 for hospital parking lot, POS 15 is also allowed for cars                                                                                                                                                                                                                                                          |  |
| Pacific Source                                                                                   | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                 |  |
| Premiera                                                                                         | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                 |  |
| Providence                                                                                       | Yes<br>04/01/20 |                                                                                                                                                                                                                                                                                                                                                 |  |
| Regence                                                                                          | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                 |  |
| UHC - Commercial                                                                                 | Yes<br>06/10/20 |                                                                                                                                                                                                                                                                                                                                                 |  |

| Are outpatient services provided in patient cars covered and if so, how should they be billed? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                       |                 | <p>Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:</p> <ul style="list-style-type: none"> <li>• 15 – Mobile: If the car is used as a drive up COVID testing site where a specimen is taken</li> <li>• 11 – Office: If the clinic is not hospital owned</li> <li>• 19 – Off Campus – Outpatient Hospital: If the clinic is hospital owned but not on the hospital campus</li> </ul> |  |
| Aetna                                                                                          | Yes<br>03/27/20 | Aetna recognizes place of service codes: 11 (physician office), 15 (mobile unit), 17 (Walk-in retail health clinic), 19 (off campus outpatient hospital), 20 (urgent care facility), 22 (on campus outpatient hospital), 23 (emergency room hospital, and 81 (independent laboratory).                                                                                                                                                                                                                                                                           |  |
| Amerigroup - DSNP                                                                              | Yes<br>04/21/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| CHPW - Medicare Advantage                                                                      | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Cigna                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Coordinated Care - Commercial                                                                  | Yes<br>03/27/20 | We follow the Medicaid FFS guidance below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| First Choice (TPA and PPO)                                                                     | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| HCA – Apple Health                                                                             | Yes<br>04/11/20 | <p>When collecting specimens to test for COVID-19 that is not associated with an E/M visit HCA is allowing CPT code 99001 to be billed.</p> <p>See specific instructions for FFS and MCOs below</p>                                                                                                                                                                                                                                                                                                                                                              |  |
| Medicaid FFS                                                                                   | Yes<br>03/27/20 | Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:                                                                                                                                                                                                                                                                                                                                    |  |



| Are outpatient services provided in patient cars covered and if so, how should they be billed? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                       |                 | Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows: <ul style="list-style-type: none"> <li>15 – Mobile: If the car is used as a drive up COVID testing site where a specimen is taken</li> <li>11 – Office: If the clinic is not hospital owned</li> <li>19 – Off Campus – Outpatient Hospital: If the clinic is hospital owned but not on the hospital campus</li> </ul>                                                                                                                                                                                       |  |
|                                                                                                |                 | <ul style="list-style-type: none"> <li>When collecting specimens to test for COVID-19 that is not associated with an E/M visit HCA is allowing CPT code 99001 to be billed.</li> <li>Bill with the POS that is most relevant for the situation (typically the POS you currently bill with):               <ul style="list-style-type: none"> <li>For provider clinics that are not hospital owned, use POS 11 with CR modifier</li> <li>For hospital owned/associated and off campus, use POS 19 and the CR modifier</li> <li>For visits outside of emergency rooms, use POS 23 and the CR modifier</li> </ul> </li> </ul> <p>For visits in drive up sites that do not fit in the examples above, use the POS 15 and the CR modifier.</p> |  |
| <b>Amerigroup</b>                                                                              | Yes<br>04/11/20 | Amerigroup will follow HCA guidance for Medicaid MCOs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>CHPW</b>                                                                                    | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Coordinated Care</b>                                                                        | Yes<br>03/27/20 | We follow the Medicaid FFS guidance below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Molina</b>                                                                                  | Yes<br>04/01/20 | POS 15 is allowed for cars, POS 99 can also be submitted<br>Medicare: follow CMS guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>UHC Community Plan</b>                                                                      | Yes<br>04/11/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

| Are outpatient services provided in patient cars covered and if so, how should they be billed? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Follow Common Direction?                                                                       |                 | <p>Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:</p> <ul style="list-style-type: none"> <li>• 15 – Mobile: If the car is used as a drive up COVID testing site where a specimen is taken</li> <li>• 11 – Office: If the clinic is not hospital owned</li> <li>• 19 – Off Campus – Outpatient Hospital: If the clinic is hospital owned but not on the hospital campus</li> </ul> |  |
| KP-NW                                                                                          | Yes<br>03/27/20 | When billing, the Place of Service codes should align most closely with the facility, staff and/or function being performed at that care site.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| KP-WA                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Labor & Industries                                                                             | Yes<br>05/20/20 | <p>The POS code should match the situation.</p> <p>If hospital-owned then POS 11 with a CR modifier should be used. If hospital owned but off-campus, then POS 19 with a CR modifier should be used.</p> <p>If an OP visit outside of an ER occurs, then POS 23 with a CR modifier should be used.</p> <p>If the situation does not fit any other example (as drive up sites might) then POS 15 with a CR modifier should be used.</p>                                                                                                                           |  |
| Molina- Commercial                                                                             | Yes<br>04/01/20 | POS 15 is allowed for cars; POS 99 can also be submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Pacific Source                                                                                 | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Premiera                                                                                       | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Providence                                                                                     | Yes<br>04/01/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Regence                                                                                        | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| UHC - Commercial                                                                               | Yes<br>04/28/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Are services provided by licensed hospitals in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?</b>                                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Follow Consensus Direction?</b>                                                                                                                                             |                              | <b>Claims for services to COVID and non-COVID patients provided by licensed hospitals in non-licensed space and/or in non-licensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed as if the space/bed was licensed.</b><br><br><b>If the additional space is on hospital grounds or in a large tent or temporary structure that is off the hospital’s campus, all of the sponsoring hospital site of service and all policies and procedures would apply.</b> |  |
| <b>Aetna</b>                                                                                                                                                                   | Yes<br>03/27/20              | Aetna recognizes place of service codes: 11 (physician office), 15 (mobile unit), 17 (Walk-in retail health clinic), 19 (off campus outpatient hospital), 20 (urgent care facility), 22 (on campus outpatient hospital), 23 (emergency room hospital), and 81 (independent laboratory).                                                                                                                                                                                                                                                                  |  |
| <b>Amerigroup - DSNP</b>                                                                                                                                                       | Yes<br>04/21/20              | Amerigroup is following HCA and CMS guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                               | Yes<br>03/27/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Cigna</b>                                                                                                                                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Coordinated Care - Commercial</b>                                                                                                                                           | Yes<br>03/27/20              | CCW is following all HCA and CMS guidance, or OIC mandates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                              | Yes<br>04/01/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>HCA – Apple Health</b>                                                                                                                                                      | Qualified<br>Yes<br>04/13/20 | HCA will cover services provider in a licensed hospital’s on-campus space. Normal billing would apply<br><br>Services provided off-campus would require a DOH waiver on their usual and customary licensure requirements before HCA would cover.                                                                                                                                                                                                                                                                                                         |  |
| <b>Medicaid FFS</b>                                                                                                                                                            | Varies<br>03/27/20           | Medicaid is currently determining how these will be covered and billed. It would be based on services being rendered in those beds/spaces                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Amerigroup</b>                                                                                                                                                              | Qualified<br>Yes             | Amerigroup will follow HCA guidance for Medicaid MCOs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Are services provided by licensed hospitals in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?</b>                                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Follow Consensus Direction?</b>                                                                                                                                             |                              | <b>Claims for services to COVID and non-COVID patients provided by licensed hospitals in non-licensed space and/or in non-licensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed as if the space/bed was licensed.</b><br><br><b>If the additional space is on hospital grounds or in a large tent or temporary structure that is off the hospital’s campus, all of the sponsoring hospital site of service and all policies and procedures would apply.</b> |  |
|                                                                                                                                                                                | 04/13/20                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>CHPW</b>                                                                                                                                                                    | Yes<br>03/27/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Coordinated Care</b>                                                                                                                                                        | Yes<br>03/27/20              | CCW is following all HCA and CMS guidance, or OIC mandates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Molina</b>                                                                                                                                                                  | Yes<br>04/01/20              | Molina will follow all HCA and CMS guidance, and OIC mandates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>UHC Community Plan</b>                                                                                                                                                      | Qualified<br>Yes<br>04/13/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>KP-NW</b>                                                                                                                                                                   | Yes                          | When billing, the Place of Service codes should align most closely with the facility, staff and/or function being performed at that care site.                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>KP-WA</b>                                                                                                                                                                   | 03/27/20                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                  | Yes<br>05/20/20              | Yes. The controlling party for the services and procedures is the hospital. The hospital would bill with appropriate POS code. Billings would, however, have to be coordinated with a claim manager.                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Molina - Marketplace</b>                                                                                                                                                    | Yes<br>04/01/20              | Molina will follow all HCA and CMS guidance, and OIC mandates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Pacific Source</b>                                                                                                                                                          | Yes<br>03/27/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Premiera</b>                                                                                                                                                                | Yes<br>03/27/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Providence</b>                                                                                                                                                              | Yes<br>04/01/20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Regence</b>                                                                                                                                                                 | Yes                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

|                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Are services provided by licensed hospitals in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?</b>                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Follow Consensus Direction?</b>                                                                                                                                             |                 | <p>Claims for services to COVID and non-COVID patients provided by licensed hospitals in non-licensed space and/or in non-licensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed as if the space/bed was licensed.</p> <p>If the additional space is on hospital grounds or in a large tent or temporary structure that is off the hospital’s campus, all of the sponsoring hospital site of service and all policies and procedures would apply.</p> |  |
|                                                                                                                                                                                | 03/27/20        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>UHC - Commercial</b>                                                                                                                                                        | Yes<br>06/10/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Is SNF care provided in a licensed hospital to COVID patients in non-licensed beds covered and if so, how should they be billed?</b>                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Follow Common Direction?</b>                                                                                                                                                |                 | <p>Claims for services to COVID patients where the SNF level care is being delivered to patients in a licensed hospital in non-licensed/uncertified beds should be submitted with the most appropriate bed type that represents the level of care of service. Optionally, condition code DR would be reported in field 18 of the UB form. Coverage is dependent up a patient have a SNF Benefit.</p> <p>The sponsoring hospital site of service and all policies and procedures would apply.</p> |  |
| <b>Aetna</b>                                                                                                                                                                   | Not Answered    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Amerigroup - DSNP</b>                                                                                                                                                       | Yes<br>04/21/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                               | Yes<br>04/28/20 | A physician may certify or recertify the need for continued hospitalization if the physician finds that the patient could receive proper treatment in a SNF, but no bed is available in a participating SNF. CHPW will continue to review and approve as inpatient until a SNF placement can be found.                                                                                                                                                                                           |  |
| <b>Cigna</b>                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>Is SNF care provided in a licensed hospital to COVID patients in non-licensed beds covered and if so, how should they be billed?</b>                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>Follow Common Direction?</b>                                                                                                                                                |                  | <b>Claims for services to COVID patients where the SNF level care is being delivered to patients in a licensed hospital in non-licensed/uncertified beds should be submitted with the most appropriate bed type that represents the level of care of service. Optionally, condition code DR would be reported in field 18 of the UB form. Coverage is dependent up a patient have a SNF Benefit.</b><br><br><b>The sponsoring hospital site of service and all policies and procedures would apply.</b> |                                                                                                                                       |
| <b>Coordinated Care - Commercial</b>                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                              | Yes<br>04/27/20  | Include Appropriate SNF 'Type of Bill' code"                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |
| <b>HCA – Apple Health</b>                                                                                                                                                      | Yes<br>04/13/20  | Hospitals should bill for occupation of these beds as an administrative bed, consistent with current Medicaid FFS and MCO policies.                                                                                                                                                                                                                                                                                                                                                                     | They need to bill HCA FFS and the MCOS as instructed in the provide guide and the MCOs contract for an admin bed with the DR is great |
| <b>Medicaid FFS</b>                                                                                                                                                            | Yes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>Amerigroup</b>                                                                                                                                                              | Yes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>CHPW</b>                                                                                                                                                                    | Yes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>Coordinated Care</b>                                                                                                                                                        | Yes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>Molina</b>                                                                                                                                                                  | Yes<br>04/10/20  | Hospitals should submit rev code 0191 for SNF level of care<br>Medicare: follow CMS guidelines                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       |
| <b>UHC Community Plan</b>                                                                                                                                                      | Yes<br>04/13/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |
| <b>KP-NW<br/>KP - WA</b>                                                                                                                                                       | Yes<br>4/27/2020 | When billing, the Place of Service and level of service codes should align most closely with the facility, staff and/or function being performed at that care site.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |

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| “Hospitals: CMS Flexibilities to Fight COVID-19” : <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Is SNF care provided in a licensed hospital to COVID patients in non-licensed beds covered and if so, how should they be billed?</b>                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Follow Common Direction?</b>                                                                                                                                                |                  | <b>Claims for services to COVID patients where the SNF level care is being delivered to patients in a licensed hospital in non-licensed/uncertified beds should be submitted with the most appropriate bed type that represents the level of care of service. Optionally, condition code DR would be reported in field 18 of the UB form. Coverage is dependent up a patient have a SNF Benefit.</b><br><br><b>The sponsoring hospital site of service and all policies and procedures would apply.</b> |  |
|                                                                                                                                                                                |                  | Include Appropriate SNF 'Type of Bill' code".                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                  | Yes<br>05/20/20  | Hospital has the option of reporting sub-acute care (swing bed) services in the type of billing field. Before billing, coordinate with a claim manager.                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Molina - Marketplace</b>                                                                                                                                                    | Yes<br>04/10/20  | Will follow CMS guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Pacific Source</b>                                                                                                                                                          | Yes<br>04/10/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Premiera</b>                                                                                                                                                                | Yes<br>4/28/20   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Providence</b>                                                                                                                                                              | Yes<br>06/15//20 | Will follow CMS Guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Regence</b>                                                                                                                                                                 | Yes<br>04/16/20  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>UHC - Commercial</b>                                                                                                                                                        | Yes<br>04/28/20  | UHC will follow CMS guidance and OIC mandates.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

### C) Telehealth

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| <b><i>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</i></b>                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |
| <p>“From March 26 until April 24, in network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)”</p> <ul style="list-style-type: none"> <li>• Proclamation. <a href="#">Telemedicine Proc</a></li> <li>• See Section 1 of ESSB Bill 5385 for patients and services that qualify: <a href="#">Telemedicine Bill</a></li> </ul> |                  |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |
| <b>Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?</b>                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                  | <b>In-network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)</b>                                                                                                                                                                                               |                                                                                                                                                                                                                                           |
| <b>Aetna</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes<br>03/27/20  | In-network providers will be paid for a health care service provided through telemedicine at the same rate as if the health care service was provided in person by a provider in accordance with Gov. Proclamation 20-29.<br><br>Aetna’s telemedicine policy is available to providers on the NaviNet and Availity portals.                                                  |                                                                                                                                                                                                                                           |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                                                                                                                                                                                                                                                                | Yes<br>04/21/20  | <a href="#">Provider COVID FAQ</a>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                                                                                                                                                                                                                                                                                        | Yes<br>03/27/20  |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |
| <b>Cigna</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Most<br>05/04/20 | Allow providers to bill any code on their existing fee schedule virtually and be reimbursed at face-to-face rates.<br><br><a href="#">COVID Provider page</a><br>Scroll down to “Interim Billing Guidelines” and Select <ul style="list-style-type: none"> <li>• “Virtual Care Guidelines”</li> <li>• “General Billing Guidance for both COVID and Non-COVID care</li> </ul> | Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting |



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| <p><b>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</b></p> <p>“From March 26 until April 24, in network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)”</p> <ul style="list-style-type: none"> <li>• Proclamation. <a href="#">Telemedicine Proc</a></li> <li>• See Section 1 of ESSB Bill 5385 for patients and services that qualify: <a href="#">Telemedicine Bill</a></li> </ul> |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |
| <p><b>Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |
| <p><b>Follow Common Direction?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | <p><b>In-network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)</b></p>                                                                                                                                                                                                                                                                                                                                          |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 | <p>Self-insured plan sponsors will be able to opt-out of this program at their discretion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020</p> |
| <p><b>Coordinated Care - Commercial</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Yes<br/>03/27/20</p>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |
| <p><b>First Choice (TPA and PPO)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Varies by our Payers' Plans<br/>03/27/20</p> | <p>First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.</p> <p>As an administrator for our self-funded health Plans, we are complying with the Families First Coronavirus Response Act, specifically the “Health Provisions” and the CARES Act-Health Provisions Coronavirus Aid, Relief and Economic Security (CARES) Act.</p> <p>FCH is encouraging all FCH payors to waive patient responsibility for COVID-19 diagnostics, including</p> |                                                                                                |

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| <b>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</b><br><br>“From March 26 until April 24, in network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)” <ul style="list-style-type: none"> <li>• Proclamation. <a href="#">Telemedicine Proc</a></li> <li>• See Section 1 of ESSB Bill 5385 for patients and services that qualify: <a href="#">Telemedicine Bill</a></li> </ul> |                  |                                                                                                                                                                                          |  |
| <b>Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                                          |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <b>In-network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)</b>           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | testing services, performed in accordance with the Families First Coronavirus Response Act and the CARES Act.                                                                            |  |
| <b>HCA – Apple Health</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes<br>03/27/20  | Medicaid FFS and the MCO have always had payment parity for telemedicine and continues that policy for its COVID responsive policies for telehealth services. Effective back to 1/1/2020 |  |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes<br>03/27/20  |                                                                                                                                                                                          |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes<br>03/27/20  |                                                                                                                                                                                          |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes<br>03/27/20  |                                                                                                                                                                                          |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes<br>03/27/20  |                                                                                                                                                                                          |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes<br>03/27/20  | <a href="#">Molina Billing Policy</a>                                                                                                                                                    |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Most<br>03/27/20 | We are also supporting self-insured employer customers who chose to implement similar actions.                                                                                           |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes<br>03/27/20  |                                                                                                                                                                                          |  |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Most<br>03/27/20 | Self-insured plan sponsors will be able to opt-out of this program at their discretion.                                                                                                  |  |

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| <b>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</b><br><br>“From March 26 until April 24, in network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)” <ul style="list-style-type: none"> <li>• Proclamation. <a href="#">Telemedicine Proc</a></li> <li>• See Section 1 of ESSB Bill 5385 for patients and services that qualify: <a href="#">Telemedicine Bill</a></li> </ul> |                  |                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <b>In-network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)</b>                                                                                                                                                                                               |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes<br>5/20/20   | If an E&M code description allows for telephone/telehealth, telehealth visit for the E&M code is reimbursed at the same rate as the in-person version. <a href="#">Temporary Telehealth Policy</a>                                                                                                                                                                           |  |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes<br>03/27/20  | <a href="#">Molina Billing Policy</a>                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Most<br>03/27/20 | Self-insured plan sponsors will be able to opt-out of this program at their discretion.                                                                                                                                                                                                                                                                                      |  |
| <b>Premiera</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Most<br>03/27/20 | -funded employer groups will apply this approach but may opt out of this arrangement.                                                                                                                                                                                                                                                                                        |  |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Most<br>03/27/20 | We are supporting self-insured plan sponsors who choose to implement the same or similar coverage; however, self-insured plan sponsors are able to opt-out of this coverage at their discretion.                                                                                                                                                                             |  |
| <b>Regence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Most<br>4/17/20  | Providers should refer to our websites for the most current information and Virtual Care Reimbursement Policy: <ul style="list-style-type: none"> <li>• <a href="#">Regence COVID</a></li> <li>• <a href="#">Asuris COVID</a></li> <li>• <a href="#">BridgeSpan COVID</a></li> </ul> Click on “Get the latest information” then scroll down and click on “Telehealth visits” |  |

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| <b>For Plans that are regulated by the Office of the Insurance Commissioner, e.g. Commercial fully insured plans</b>                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                |  |
| <p>“From March 26 until April 24, in network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)”</p> <ul style="list-style-type: none"> <li>• Proclamation. <a href="#">Telemedicine Proc</a></li> <li>• See Section 1 of ESSB Bill 5385 for patients and services that qualify: <a href="#">Telemedicine Bill</a></li> </ul> |                  |                                                                                                                                                                                |  |
| <b>Will a telemedicine visit for a care service be paid at the same rate as an in-person visit for that same care service?</b>                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                                |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                  | <b>In-network providers will be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity)</b> |  |
| <b>UHC - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | Most<br>03/27/20 | We are also supporting self-insured employer customers who chose to implement similar actions.                                                                                 |  |

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| Per HHS announcement re telehealth: <a href="http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a> |                 |                                                                                                                                                                                                                                                  |  |
| <b>Are you following the HHS guidelines for the methods that will be considered telehealth (e.g. SKYPE, Facetime, etc.)? How should they be billed?</b>                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                  |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                  |                 | <b>Methods of interactions between providers and COVID &amp; non-COVID patient outlined in the announcement (e.g. SKYPE, Facetime, etc.) would be considered telehealth and should be billed appropriately in accordance with CMS guidelines</b> |  |
| <b>Aetna</b>                                                                                                                                                                                                                                                                                                                     | Yes<br>03/30/20 | <a href="#">Aetna COVID page</a><br>Scroll down to ‘What code would be used if a physician performs a telehealth visit?’                                                                                                                         |  |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                                                                                                                                                         | Yes<br>04/21/20 | <a href="#">Provider COVID FAQ</a>                                                                                                                                                                                                               |  |
| <b>CHPW- Medicare Advantage</b>                                                                                                                                                                                                                                                                                                  | Yes<br>03/27/20 |                                                                                                                                                                                                                                                  |  |
| <b>Cigna</b>                                                                                                                                                                                                                                                                                                                     | Yes<br>05/04/20 | Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).<br><br><a href="#">COVID Provider page</a>                                       |  |

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| Per HHS announcement re telehealth: <a href="http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Are you following the HHS guidelines for the methods that will be considered telehealth (e.g. SKYPE, Facetime, etc.)? How should they be billed?</b>                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                  |                 | <b>Methods of interactions between providers and COVID &amp; non-COVID patient outlined in the announcement (e.g. SKYPE, Facetime, etc.) would be considered telehealth and should be billed appropriately in accordance with CMS guidelines</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                  |                 | Scroll down to “Interim Billing Guidelines” and Select “Important Notes”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Coordinated Care-Commercial</b>                                                                                                                                                                                                                                                                                               | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                                                                                                                                                                | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>HCA – Apple Health</b>                                                                                                                                                                                                                                                                                                        | Yes<br>04/10/20 | Guidance for all services and telehealth policies effective for the pandemic are posted in the form of FAQs at <a href="https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19">https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19</a> Click on ‘Providers, Billers and Partners’ and View under General Information<br><br>HCA also makes available free HIPAA compliant Zoom licenses. <a href="https://www.hca.wa.gov/hca-offers-limited-number-no-cost-telehealth-technology-licenses-providers">https://www.hca.wa.gov/hca-offers-limited-number-no-cost-telehealth-technology-licenses-providers</a> |  |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                              | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                | Yes<br>04/17/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                      | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                          | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                    | Yes<br>03/27/20 | See <a href="#">Molina COVID Resource Page</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

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| Per HHS announcement re telehealth: <a href="http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a> |                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |                                                                                                                             |
| <b>Are you following the HHS guidelines for the methods that will be considered telehealth (e.g. SKYPE, Facetime, etc.)? How should they be billed?</b>                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |                                                                                                                             |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                  |                           | <b>Methods of interactions between providers and COVID &amp; non-COVID patient outlined in the announcement (e.g. SKYPE, Facetime, etc.) would be considered telehealth and should be billed appropriately in accordance with CMS guidelines</b> |                                                                                                                                                                                                                             |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                  | Scroll down to Molina's detailed COVID-19 Telehealth Billing Policy & follow link for additional details by program (Medicaid, Marketplace, Medicare)                                                                       |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                  | <b>UHC Community Plan</b> | Yes<br>04/10/20                                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |                                                                                                                             |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                     |                           | Yes<br>03/27/20                                                                                                                                                                                                                                  | We do not place restrictions on the platforms used by our contracted providers to deliver telemedicine services, however, providers must bill in accordance with CMS telehealth billing guidelines.                         |                                                                                                                             |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |                                                                                                                             |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                    |                           | No<br>05/20/20                                                                                                                                                                                                                                   | L&I specifically defines telehealth as face-to-face services delivered by a qualified medical provider through a real-time, two-way, audio video connection. These services are not appropriate without a video connection. |                                                                                                                             |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                      |                           | Yes<br>03/27/20                                                                                                                                                                                                                                  | See <a href="#">Molina COVID Resource Page</a><br><br>Scroll down to Molina's detailed COVID-19 Telehealth Billing Policy & follow link for additional details by program (Medicaid, Marketplace, Medicare)                 |                                                                                                                             |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                            |                           | Yes<br>03/27/20                                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |                                                                                                                             |
| <b>Premera</b>                                                                                                                                                                                                                                                                                                                   |                           | Yes<br>03/27/20                                                                                                                                                                                                                                  | <a href="#">Premera Telehealth</a>                                                                                                                                                                                          | The 2020 CPT code book contains significant new guidance on telehealth services as well and should be a standard reference. |

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| Per HHS announcement re telehealth: <a href="http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Are you following the HHS guidelines for the methods that will be considered telehealth (e.g. SKYPE, Facetime, etc.)? How should they be billed?</b>                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Follow Common Direction?</b>                                                                                                                                                                                                                                                                                                  |                 | <b>Methods of interactions between providers and COVID &amp; non-COVID patient outlined in the announcement (e.g. SKYPE, Facetime, etc.) would be considered telehealth and should be billed appropriately in accordance with CMS guidelines</b>                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                | Yes<br>03/27/20 | Effective March 6, 2020 Providence Health Plan has enacted a temporary emergency policy to reimburse contracted providers for telehealth services without requiring an originating site. Providers may be paid for services performed by two-way video connections where the patient is calling from a personal device. No contract amendments or provider attestations will be required for reimbursement under this emergency policy. Our contracted providers may access this emergency policy to learn more by visiting the ProvLink provider portal at <a href="#">Providence Login</a> . |  |
| <b>Regence</b>                                                                                                                                                                                                                                                                                                                   | Yes<br>04/28/20 | We are following the U.S. Department of Health and Human Services' guidance with respect to HIPAA compliant platform requirements (e.g. SKYPE, Facetime, etc. are allowed).<br><br>Additionally, Regence has temporarily expanded medical and behavioral health telehealth services. Please visit <a href="https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth">https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth</a> for details surrounding the expansion and instructions for billing these services.     |  |
| <b>UHC - Commercial</b>                                                                                                                                                                                                                                                                                                          | Yes<br>04/28/20 | <a href="#">Provider COVID resource</a><br><br>See the section on "Telehealth Services"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

Per Section N, page 137 of the CMS rule (<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>) "Given our new understanding that these audio-only services are being furnished primarily as a replacement for care that would otherwise be reported as an in-person or telehealth visit using the office/outpatient E/M codes, we are establishing new RVUs for the telephone E/M services based on crosswalks to the most analogous office/outpatient E/M codes, based on the time requirements for the telephone codes and the times assumed for valuation for purposes of the office/outpatient E/M codes, Specifically, we are crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 respectively. We are finalizing, on an interim basis and for the duration of the COVID-19 PHE the following work RVUs: 0.48 for CPT code 99441; 0.97 for CPT code 99442; and 1.50 for CPT code 99443. We are also finalizing the direct PE inputs associated with CPT code 99212 for CPT code 99441, the direct PE inputs associated with CMS-5531-IFC 140 CPT code 99213 for CPT code 99442, and the direct PE inputs associated with CPT code 99214 for CPT code 99443

**In situations when audio only tele-services are provided, which one of the below applies:**

- A. Following the recent CMS guidelines for RVUs when codes 99441, 99442, and 99443 are billed?**
- B. An audio only phone call with a patient will be considered telehealth and it should be billed as described on our web site or as noted below**
- C. Other (please describe)**

| Answer to Question?                  |                      |                                                                                                         |  |
|--------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>Aetna</b>                         | Not Answered         |                                                                                                         |  |
| <b>Amerigroup - DSNP</b>             | Option A<br>05/06/20 |                                                                                                         |  |
| <b>CHPW - Medicare Advantage</b>     |                      |                                                                                                         |  |
| <b>Cigna</b>                         |                      |                                                                                                         |  |
| <b>Coordinated Care - Commercial</b> |                      |                                                                                                         |  |
| <b>First Choice (TPA and PPO)</b>    | Option B<br>05/18/20 | For Physicians use 99441-99443 and for qualified Non-Physician health care professional use 98966-98968 |  |
| <b>HCA – Apple Health</b>            | Option A<br>05/06/20 |                                                                                                         |  |
| <b>Medicaid FFS</b>                  | Option A<br>05/06/20 |                                                                                                         |  |



|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                       |  |
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| <p><b>In situations when audio only tele-services are provided, which one of the below applies:</b></p> <p><b>A. Following the recent CMS guidelines for RVUs when codes 99441, 99442, and 99443 are billed?</b></p> <p><b>B. An audio only phone call with a patient will be considered telehealth and it should be billed as described on our web site or as noted below</b></p> <p><b>C. Other (please describe)</b></p> |                                    |                                                                                                                                                                                                                                       |  |
| <p align="center"><b>Answer to Question?</b></p>                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                                                                                                                                                                       |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                                                                                           | Option A<br>05/06/20               |                                                                                                                                                                                                                                       |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | Option A<br>05/06/20               |                                                                                                                                                                                                                                       |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Option A<br>05/06/20               |                                                                                                                                                                                                                                       |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                                                                                               | Option A<br>05/06/20               | For providers contracted at % of Medicaid payment will be based on HCA's COVID-19 fee schedule. The payment based on updated RVU's will apply for providers contracted at % of Medicare.<br><br><a href="#">Molina Billing Policy</a> |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Option A<br>05/06/20               |                                                                                                                                                                                                                                       |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                | Option A<br>05/15/20               | Coding work will be completed by 05/18                                                                                                                                                                                                |  |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                                                                                | Option A &<br>Option B<br>05/15/20 | Option A: Medicare<br>Option B: Commercial                                                                                                                                                                                            |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                                                                                               | Option C<br>05/20/20               | Telephone services are currently being paid according to our fee schedule and the established CMS RVUs for 2019.                                                                                                                      |  |
| <b>Molina - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                  | Option A<br>05/08/20               | For providers contracted at % of Medicaid payment will be based on HCA's COVID-19 fee schedule. The payment based on updated RVU's                                                                                                    |  |

| In situations when audio only tele-services are provided, which one of the below applies:                                                       |                      |                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. Following the recent CMS guidelines for RVUs when codes 99441, 99442, and 99443 are billed?                                                  |                      |                                                                                                                                                                                                                                                                                                       |  |
| B. An audio only phone call with a patient will be considered telehealth and it should be billed as described on our web site or as noted below |                      |                                                                                                                                                                                                                                                                                                       |  |
| C. Other (please describe)                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                       |  |
| Answer to Question?                                                                                                                             |                      |                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                 |                      | will apply for providers contracted at % of Medicare.<br><br><a href="#">Molina Billing Policy</a>                                                                                                                                                                                                    |  |
| <b>Pacific Source</b>                                                                                                                           | Option A<br>07/09/20 | Option A to the extent that RVU is the right unit of measurement for paying the same rate (the requirement). We pay the same rate for telehealth that we pay for in person. For us, we have defined rate as the “allowed amount” for the service.                                                     |  |
| <b>Premera</b>                                                                                                                                  | Option B<br>05/06/20 | Premera has always interpreted these codes as telehealth services in its Telehealth Payment Policy<br><br><a href="#">Premera Telehealth</a>                                                                                                                                                          |  |
| <b>Providence</b>                                                                                                                               | Option B<br>06/15/20 | PHP will reimburse contracted providers for telehealth visits provided via audio-only during the public health emergency. Contracted providers may reference Payment Policies 92.0, 53.0 and 67.0A, 67.0B, 67.0C on our provider portal for more information.<br><br><a href="#">Providence Login</a> |  |
| <b>Regence</b>                                                                                                                                  | Option B<br>05/05/20 | The use of audio only for telehealth services is allowed.                                                                                                                                                                                                                                             |  |

| In situations when audio only tele-services are provided, which one of the below applies:                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>A. Following the recent CMS guidelines for RVUs when codes 99441, 99442, and 99443 are billed?</p> <p>B. An audio only phone call with a patient will be considered telehealth and it should be billed as described on our web site or as noted below</p> <p>C. Other (please describe)</p> |                      |                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Answer to Question?                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                |                      | <p>Providers should refer to our websites for the most current information and Virtual Care Reimbursement Policy:</p> <ul style="list-style-type: none"> <li>· <a href="#">Regence COVID</a></li> <li>· <a href="#">Asuris COVID</a></li> <li>· <a href="#">BridgeSpan COVID</a></li> </ul> <p>Click on “Get the latest information” then scroll down and click on “Telehealth visits”</p> |  |
| UHC - Commercial                                                                                                                                                                                                                                                                               | Option B<br>05/05/20 |                                                                                                                                                                                                                                                                                                                                                                                            |  |

| Will telehealth be a covered service for patients new to that provider? |                 |                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Answer to Question:                                                     |                 |                                                                                                                                                                                                                                                                |  |
| Aetna                                                                   | Yes<br>03/27/20 | A prior face-to-face visit is not required for a provider to provide telemedicine services.                                                                                                                                                                    |  |
| Amerigroup - DSNP                                                       | Yes<br>04/21/20 | <a href="#">Provider COVID FAQ</a>                                                                                                                                                                                                                             |  |
| CHPW - Medicare Advantage                                               | Yes<br>04/21/20 | We are following the HCA and CMS guidelines                                                                                                                                                                                                                    |  |
| Cigna                                                                   | Yes<br>03/27/20 | <p>During this crisis, Cigna will not make any requirements as it relates to these services being for a new or existing patient</p> <p><a href="#">COVID Provider page</a></p> <p>Scroll down to “Interim Billing Guidelines” and Select “Important Notes”</p> |  |

| Will telehealth be a covered service for patients new to that provider? |                 |                                                                                                                                                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Coordinated Care - Commercial</b>                                    | Yes<br>03/27/20 | There are no restrictions on new versus established patients.                                                                                                                                                                                                                                                                                          |  |
| <b>First Choice (TPA and PPO)</b>                                       | Yes<br>03/27/20 | First Choice Health is following the CMS expanded coverage guidelines for new and established patients.                                                                                                                                                                                                                                                |  |
| <b>HCA – Apple Health</b>                                               | Yes<br>04/11/20 | See specific instructions for FFS and MCOs below                                                                                                                                                                                                                                                                                                       |  |
| <b>Medicaid FFS</b>                                                     | Yes<br>03/27/20 | Telemedicine services for established and non-established patients will be covered. For telephone and online digital E and M, which are typically covered for non-established patients, Medicaid is allowing use of codes 99441-99443, 99421-99423 for both new or established patients, accompanied by the CR modifier, and billed at the line level. |  |
| <b>Amerigroup</b>                                                       | Yes<br>03/24/20 | HCA is allowing use of codes 99441-99443, 99421-99423 for new or established patients during this crisis and is applying this guidance to Medicaid MCOs                                                                                                                                                                                                |  |
| <b>CHPW</b>                                                             | Yes<br>04/21/20 | We are following the HCA and CMS guidelines                                                                                                                                                                                                                                                                                                            |  |
| <b>Coordinated Care</b>                                                 | Yes<br>03/27/20 | There are no restrictions on new versus established patients.                                                                                                                                                                                                                                                                                          |  |
| <b>Molina</b>                                                           | Yes<br>03/27/20 | See <a href="#">Molina COVID Resource Page</a><br><br>Scroll down to Molina’s detailed COVID-19 Telehealth Billing Policy & follow link for additional details by program (Medicaid, Marketplace, Medicare detail)                                                                                                                                     |  |
| <b>UCH Community Plan</b>                                               | Yes<br>04/11/20 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>KP-NW</b>                                                            | Yes<br>03/27/20 | During the crisis                                                                                                                                                                                                                                                                                                                                      |  |
| <b>KP-WA</b>                                                            |                 |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Labor &amp; Industries</b>                                           | Yes<br>5/20/20  | When those services are covered via telehealth.<br><a href="https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temptelehealthinitalevalspolicy.pdf">https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2019/200309temptelehealthinitalevalspolicy.pdf</a>                                                           |  |
| <b>Molina - Marketplace</b>                                             | Yes<br>03/27/20 | See <a href="#">Molina COVID Resource Page</a>                                                                                                                                                                                                                                                                                                         |  |

| Will telehealth be a covered service for patients new to that provider? |                 |                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                         |                 | Scroll down to Molina's detailed COVID-19 Telehealth Billing Policy & follow link for additional details by program (Medicaid, Marketplace, Medicare detail)                                                                                                                                         |  |
| <b>Pacific Source</b>                                                   | Yes<br>03/27/20 | We are following CMS expanded coverage guidelines, which does allow telehealth visits for both new and established patients.                                                                                                                                                                         |  |
| <b>Premiera</b>                                                         | Yes<br>03/27/20 | A new patient may be provided with telehealth services.                                                                                                                                                                                                                                              |  |
| <b>Providence</b>                                                       | Yes<br>06/15/20 | PHP will reimburse contracted providers for telehealth visits provided to new and established patients during the emergency. Contracted providers may reference Payment Policies 92.0, 53.0 and 67.0A, 67.0B, 67.0C on our provider portal for more information.<br><a href="#">Providence Login</a> |  |
| <b>Regence</b>                                                          | Yes<br>03/27/20 | A new patient may be provided with telehealth services.                                                                                                                                                                                                                                              |  |
| <b>UHC - Commercial</b>                                                 | Yes<br>04/28/20 | <a href="#">Provider COVID resource</a><br><br>See the section on "Telehealth Services"                                                                                                                                                                                                              |  |

| During this interim period, CMS Guidelines allow providers to select E&M (Evaluation & Management) code level for telehealth service base upon Time or Medical Decision making. <a href="https://www.cms.gov/files/document/covid-final-ifc.pdf">https://www.cms.gov/files/document/covid-final-ifc.pdf</a> (page 136 from start of page to the end of the 1 <sup>st</sup> full paragraph) |                 |                                                                                          |  |
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| <b>For telehealth services during this interim period, will your plans allow the provider to select E&amp;M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?</b>                                                                                                                           |                 |                                                                                          |  |
| Answer to Question                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                          |  |
| <b>Aetna</b>                                                                                                                                                                                                                                                                                                                                                                               | Not Answered    |                                                                                          |  |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>04/21/20 | Provider should follow CMS and HCA guidance.                                             |  |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                                                                                                                                                                                                                                           | Yes<br>04/11/20 | The provider is allowed to select and bill the E&M code they would have had they been in |  |

|                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| During this interim period, CMS Guidelines allow providers to select E&M (Evaluation & Management) code level for telehealth service base upon Time or Medical Decision making. <a href="https://www.cms.gov/files/document/covid-final-ifc.pdf">https://www.cms.gov/files/document/covid-final-ifc.pdf</a> (page 136 from start of page to the end of the 1 <sup>st</sup> full paragraph) |                  |                                                                                                                                                                            |  |
| <b>For telehealth services during this interim period, will your plans allow the provider to select E&amp;M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?</b>                                                                                                                           |                  |                                                                                                                                                                            |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                  | person. Provider may select an E&M code consistent with the CMS guidance document                                                                                          |  |
| <b>Cigna</b>                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>05/11/20  |                                                                                                                                                                            |  |
| <b>Coordinated Care - Commercial</b>                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                            |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                                                                                                                                                                                                                          | Both<br>04/07/20 |                                                                                                                                                                            |  |
| <b>HCA – Apple Health</b>                                                                                                                                                                                                                                                                                                                                                                  | Both<br>04/11/20 | The provider is allowed to select and bill the E&M code they would have had they been in person. Provider may select an E&M code consistent with the CMS guidance document |  |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                                                                                        | Both<br>04/11/20 |                                                                                                                                                                            |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                                                          | Both<br>04/08/20 | Follow HCA guidance                                                                                                                                                        |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                                                | Both<br>04/11/20 | The provider is allowed to select and bill the E&M code they would have had they been in person. Provider may select an E&M code consistent with the CMS guidance document |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                                                    | Both<br>04/11/20 |                                                                                                                                                                            |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                                                              | Both<br>04/08/20 |                                                                                                                                                                            |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                                                                                                                                                                                  | Both<br>04/22/20 | Will follow CMS & HCA Guidelines                                                                                                                                           |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                                               | Both             |                                                                                                                                                                            |  |

|                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| During this interim period, CMS Guidelines allow providers to select E&M (Evaluation & Management) code level for telehealth service base upon Time or Medical Decision making. <a href="https://www.cms.gov/files/document/covid-final-ifc.pdf">https://www.cms.gov/files/document/covid-final-ifc.pdf</a> (page 136 from start of page to the end of the 1 <sup>st</sup> full paragraph) |                  |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>For telehealth services during this interim period, will your plans allow the provider to select E&amp;M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?</b>                                                                                                                           |                  |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                            | 04/07/20         |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                                               | Both<br>04/07/20 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                                                              | Both<br>04/08/20 | L&I will pay for E&M codes 99201 – 99203 delivered via telehealth based on time or medical decision making. E&M codes 99204 and 99205 are not payable when delivered via telehealth. | To determine the appropriate level of service, providers must use one of the following guidelines in conjunction with Evaluation and Management (E/M) Services Guidelines noted in CPT®:<br><ul style="list-style-type: none"> <li>• The “1995 Documentation Guidelines for Evaluation &amp; Management Services,” available at <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf</a></li> </ul> OR<br><ul style="list-style-type: none"> <li>• The “1997 Documentation Guidelines for Evaluation and Management Services,” available at <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf</a></li> </ul> |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                                                                                | Both<br>04/08/20 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                                                                                      | Both<br>04/08/20 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Premiera</b>                                                                                                                                                                                                                                                                                                                                                                            | Both<br>04/07/20 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                          | Both             | Will follow CMS Guidelines                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                            |                  |                            |  |
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| During this interim period, CMS Guidelines allow providers to select E&M (Evaluation & Management) code level for telehealth service base upon Time or Medical Decision making. <a href="https://www.cms.gov/files/document/covid-final-ifc.pdf">https://www.cms.gov/files/document/covid-final-ifc.pdf</a> (page 136 from start of page to the end of the 1 <sup>st</sup> full paragraph) |                  |                            |  |
| <b>For telehealth services during this interim period, will your plans allow the provider to select E&amp;M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?</b>                                                                                                                           |                  |                            |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                  |                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 06/15/20         |                            |  |
| <b>Regence</b>                                                                                                                                                                                                                                                                                                                                                                             | Both<br>04/07/20 |                            |  |
| <b>UHC - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                    | Both<br>04/22/20 | Will follow CMS Guidelines |  |

|                                                                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
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| <b>Well child visits are not on the telehealth list from CMS. Will payers cover well child visits via telehealth.</b>                                                                                                              |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>These visits would occur where there is not an immediate need for an in person visit and where an immunization is not required, Physicians are considering these for children over a certain age or meeting other criteria.</b> |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Answer to Question</b>                                                                                                                                                                                                          |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Aetna</b>                                                                                                                                                                                                                       | Not<br>Answered                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                                                           | NA<br>04/24/20                                |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                                                                                   | NA<br>04/17/20                                | Not applicable for Medicare                                                                                                                                                                                                                                                                                                          |  |
| <b>Cigna</b>                                                                                                                                                                                                                       |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Coordinated Care - Commercial</b>                                                                                                                                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                      |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                                                                  | Varies by<br>our Payers'<br>Plans<br>04/23/20 | First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.<br><br>As an administrator for our self-funded health Plans, we are complying with the Families First Coronavirus Response Act, specifically the "Health Provisions" and the CARES Act-Health |  |



|                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                  |  |
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| <b>Well child visits are not on the telehealth list from CMS. Will payers cover well child visits via telehealth.</b><br><b>These visits would occur where there is not an immediate need for an in person visit and where an immunization is not required, Physicians are considering these for children over a certain age or meeting other criteria.</b> |                 |                                                                                                                                                                                                                                                                                                  |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                             |                 | Provisions Coronavirus Aid, Relief and Economic Security (CARES) Act.<br><br>FCH is encouraging all FCH payors to waive patient responsibility for COVID-19 diagnostics, including testing services, performed in accordance with the Families First Coronavirus Response Act and the CARES Act. |  |
| <b>HCA – Apple Health</b>                                                                                                                                                                                                                                                                                                                                   | Yes<br>04/17/20 | <a href="https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf">https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf</a> Page 6                                                                   |  |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                                                         | Yes<br>04/17/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                           | Yes<br>04/17/20 | Follows HCA Direction                                                                                                                                                                                                                                                                            |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                 | Yes<br>04/17/20 | we are recognizing/paying the service; this is zero cost                                                                                                                                                                                                                                         |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                     | Yes<br>04/17/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                               | Yes<br>04/17/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                                                                                                                                                   | Yes<br>04/17/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                | Yes<br>04/20/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                | Yes<br>04/20/20 |                                                                                                                                                                                                                                                                                                  |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                               | NA<br>05/20/20  | Non applicable to L&I.                                                                                                                                                                                                                                                                           |  |

|                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| <b>Well child visits are not on the telehealth list from CMS. Will payers cover well child visits via telehealth.</b><br><b>These visits would occur where there is not an immediate need for an in person visit and where an immunization is not required, Physicians are considering these for children over a certain age or meeting other criteria.</b> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                                                 | Yes<br>04/28/20 | Providers bill as they would for in person visits. POS 02 is allowed. Modifier CR can be added to indicate it was not an in-person visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                                                       | Yes<br>05/09/20 | If it is clinically appropriate in terms of the quality of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Premera</b>                                                                                                                                                                                                                                                                                                                                              | Yes<br>04/20/20 | <p>CMS recommends that during the COVID-19 health crisis, providers be reimbursed for telehealth visits with patients at the same rate they would be reimbursed if they had been allowed to see their patient in person, in office.</p> <p>Premera is planning to follow these CMS guidelines and will reimburse for telehealth visits with providers who typically see patients in person, in office this way for the duration of the COVID-19 health crisis. Claim costs will be no more than what would have been paid had the member been able to see their providers in person. Only claims for telehealth visits from providers who members normally see in-person, in-office will be processed in this manner." This policy includes Well Child Care</p> |  |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                                           | Yes<br>06/15/20 | PHP will reimburse contracted providers for preventive medicine codes provided via telehealth. and 99391-99397). Modifier 52 and Modifier GT or Modifier 95 must be appended to preventive medicine codes billed as telehealth services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

**Well child visits are not on the telehealth list from CMS. Will payers cover well child visits via telehealth.**

**These visits would occur where there is not an immediate need for an in person visit and where an immunization is not required, Physicians are considering these for children over a certain age or meeting other criteria.**

**Answer to Question**

|                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|-------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                         |                 | Contracted providers may reference Payment Policies 67.0A, 67.0B and 67.0C on our provider portal for more information.<br><a href="#">Providence Login</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Regence</b>          | Yes<br>04/21/20 | The provider would need to assess that the services in a well child visit can be delivered via telehealth based on the criteria provided on our alert. The information can be found by visiting this website: <a href="https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth">https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth</a>                                                                                                                                                                                                                   |  |
| <b>UHC - Commercial</b> | Yes<br>06/10/20 | UnitedHealthcare is allowing the below listed codes to be used for telehealth for Preventive Medicine and Applied Behavior Analysis for Medicaid and Individual and Group Market health plans.<br><br><a href="https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2Fcovid19%2FTelehealth-Services-Preventive-Medicine-ABA-Codes.pdf">https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2Fcovid19%2FTelehealth-Services-Preventive-Medicine-ABA-Codes.pdf</a> |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
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| Per CMS guidelines ( <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> 1 <sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.” |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?</b>                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Aetna</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Not Answered    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes<br>05/29/20 | Will pay Medicare allowable and if the member is enrolled in the State’s Medicaid program, the cost-share (example 20% coinsurance) would be paid under Medicaid.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                   |
| <b>CHPW – Medicare Advantage</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes<br>06/23/30 | CHPW pays the originating site facility fee (as well as the professional fee) when the member is in the facility but being treated via telehealth (e.g., the provider is outside of the room)                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Cigna</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Coordinated Care - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes<br>05/28/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>06/09/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <b>HCA Apple Health</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>06/23/20 | An Outpatient Hospital facility can bill for the originating site facility fee when the facility is providing administrative and clinical support services for a client in their home via telemedicine from a provider associated with that facility/clinic. To receive payment for the originating site facility fee when the client is at home, providers must bill only the Q3014 with the CR modifier. Do not bill the G0463 for the same date of service. See the COVID- 19 fee schedule. | Refer to FAQs ( <a href="https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf">https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf</a> ) for updates on this issue as required to respond to changes in the delivery of care under this pandemic |
| <b>Medicaid FFS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes<br>06/23/20 | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| Per CMS guidelines ( <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> 1 <sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.” |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?</b>                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Amerigroup</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br>06/23/20     | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>CHPW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>06/23/20     | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Coordinated Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>06/23/20     | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Molina</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes<br>06/23/20     | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>UHC Community Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes<br>06/23/20     | Refer to HCA – Apple Heath Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>KP-NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>KP-WA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Labor &amp; Industries</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Depends<br>05/27/20 | <b>Yes</b> , if the hospital <ul style="list-style-type: none"> <li>is not an Outpatient Prospective Payment System (OPPS) hospital and is not a Critical Access Hospital (CAH).</li> <li>is a children’s, military, veterans, or specialty hospital (they are paid 100% of charges so they could list the professional fee schedule amount)</li> </ul> <b>No</b> , if the hospital <ul style="list-style-type: none"> <li>is an OPPS hospital</li> <li>is a CAH hospital (L&amp;I, has its own payment methodology)</li> </ul> |  |
| <b>Molina - Marketplace</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>06/11/20     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

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| Per CMS guidelines ( <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> 1 <sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.” |                  |                                                                                                                                                                                                                                                                       |  |
| <b>Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?</b>                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                                                                                                                       |  |
| <b>Answer to Question</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                       |  |
| <b>Pacific Source</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes<br>05/26/20  |                                                                                                                                                                                                                                                                       |  |
| <b>Premiera</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes<br>05/26/20  |                                                                                                                                                                                                                                                                       |  |
| <b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Not<br>Answered  |                                                                                                                                                                                                                                                                       |  |
| <b>Regence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes<br>5/29/2020 | Regence allows the provider to bill the professional service and get paid at the lower facility rate (excluding hospital-based overhead) and also bill Q3014 – telehealth facility fee – for the fee associated with the telehealth service itself.                   |  |
| <b>UHC - Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes<br>05/26/20  | UHC interprets this item as allowing providers to bill the professional service and get paid at the lower facility rate (excluding hospital-based overhead), but also bill Q3014 (Telehealth facility fee) for the fee associated with the telehealth service itself. |  |

#### **D) Provider Workflow**

|                                                                                                                                                             |                    |                                                                                                                         |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much?</b> |                    |                                                                                                                         |                                                                |
| <b>Answer to Question:</b>                                                                                                                                  |                    |                                                                                                                         |                                                                |
| <b>Aetna</b>                                                                                                                                                | Varies<br>03/30/20 | Prior authorization approvals are valid for at least 45 calendar days from the date of approval. However, authorization | Aetna has published “Temporary Changes in Prior Authorization/ |

| Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much? |                 |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Answer to Question:                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                      |                 | approval for most elective medical/surgical procedures are valid for 6 months.                                                                                                                                                                                                                                                | <p>Precertification and Admissions Protocols” for COVID19 here:</p> <p><a href="https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/prior-authorization-notification.pdf">https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/prior-authorization-notification.pdf</a></p> <p>Additionally, when an enrollee is determined to be ready for discharge from a hospital and insufficient time exists for prior approval of long-term care or home health care, we will deem this to be an extenuating circumstance. Please refer to our extenuating circumstance policy located here:</p> <p><a href="http://www.aetna.com/healthcare-professionals/documents-forms/washington-extenuating-circumstances-policy.pdf">http://www.aetna.com/healthcare-professionals/documents-forms/washington-extenuating-circumstances-policy.pdf</a></p> |
| <b>Amerigroup - DSNP</b>                                                                                                                             | Yes<br>04/21/20 | Extending the length of time, a prior authorization is in effect for elective inpatient and outpatient procedures to 90 days.<br><a href="#">Amerigroup auth update</a>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>CHPW - Medicare Advantage</b>                                                                                                                     | Yes<br>04/21/20 | CHPW is extending all 2020 authorizations to 12/31/2020.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Cigna</b>                                                                                                                                         | Yes<br>05/04/20 | Effective March 25, 2020 and forward, for all requests received for all Cigna lines of business, we are temporarily increasing the authorization window for all elective outpatient services from three months to six months and will continue until at least May 31, 2020. Elective outpatient prior authorization decisions | Cigna waives preauthorization requirement for medications until June                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much? |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Answer to Question:                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                      |                                          | 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.                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Coordinated Care - Commercial</b>                                                                                                                 | TBD<br>03/27/20                          | We are still researching this question.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>First Choice (TPA and PPO)</b>                                                                                                                    | TBD<br>03/27/20                          | Extensions will be considered on a case by case basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>HCA – Apple Health</b>                                                                                                                            | See Medicaid FFS and MCO responses below |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Medicaid FFS</b>                                                                                                                                  | Yes<br>03/27/20                          | Most authorization are 6 months/ 12 months depending on the services. If by chance, the authorization is less than 6/12 months the provider can request an extension.                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Amerigroup</b>                                                                                                                                    | May<br>03/24/20                          | Amerigroup is extending the length of time a prior authorization is in effect for elective inpatient and outpatient procedures to 90 days. Longer extensions will be considered on a case-by-case basis.                                                                                                                                                                                                                                                                                                             |  |
| <b>CHPW</b>                                                                                                                                          | Yes<br>04/21/20                          | CHPW is extending all 2020 authorizations to 12/31/2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Molina</b>                                                                                                                                        | Yes<br>03/30/20                          | Prior authorization has been extended to 09/01/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Coordinated Care</b>                                                                                                                              | TBD<br>03/27/20                          | We are still researching this question.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>UHC Community Plan</b>                                                                                                                            | Yes<br>08/07/20                          | We are moving back to unsuppressed reviews of inpatient hospital admissions and prior authorization for elective procedures that are on our PA list. That was effective June 1. Beginning June 18 as per the previous HCA guidance, we stopped doing the \$100 above and beyond the contracted SNF rate for our members discharging to a nursing facility for a skilled or custodial stay. Those authorizations already in place for 180 days will remain in place as needed for the LTC assessment to be completed. |  |



| Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| Answer to Question:                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| KP-NW                                                                                                                                                | Yes<br>3/31/20  | <ul style="list-style-type: none"> <li>Standard process is to review initial and extension requests based on eligibility and medical necessity.</li> <li>Authorizations will have an immediate start date, and an extended expiration date of 12/31/20 (extended from the typical 3-6 months), WITH the following language included with the authorization: "Due to the COVID-19 pandemic, please be aware that all elective, routine, non-urgent care may be delayed in accordance with emergency orders issued. The authorization expiration date has been extended to allow adequate time for routine care to be provided once emergency orders have been lifted."</li> <li>All current, open authorizations will be revised to extend the expiration date to 12/31/20. Exceptions include those authorizations in which all visits have been exhausted, inpatient, and residential which are based on days, and dialysis which is already setup on a continuing 12-month cycle based on member's birthday.</li> </ul> |  |
| KP-WA                                                                                                                                                | Yes<br>04/24/20 | At this time, for prior authorizations expiring between 3/15/20 and 4/30/20, these authorizations will be extended for 3 additional months, subject to some exclusions. Current plan quantity limits are still applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Labor & Industries                                                                                                                                   | Yes<br>5/20/20  | As a general rule L&I would add 30 days unless there is a specific date for which the provider is asking. L&I will extend the dates, but we always have a specific time as it would depend on the claim. If there were significant changes in the IWs condition or claims issues it would be have to be considered on a case by case basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Molina - Marketplace                                                                                                                                 | Yes<br>03/30/20 | Prior authorization has been extended to 09/01/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

| Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much? |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| Answer to Question:                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Pacific Source</b>                                                                                                                                | Yes<br>07/09/20 | Pre-authorized services and prior authorizations in existence when the pandemic emergency was declared are extended through October 1, 2020. We will adjust depending on the length of the pandemic and update our provider manual and coverage endorsements to reflect any revised dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Premiera</b>                                                                                                                                      | Yes<br>03/31/20 | Extended the effective date out to 6 months from the initial approval date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Providence</b>                                                                                                                                    | Yes<br>06/15/20 | Approved prior-authorizations and referral requests received between 2/1/2020-6/15/2020 will be extended until 9/30/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Regence</b>                                                                                                                                       | Yes<br>04/28/20 | <p>Effective immediately, if hospitals need to transfer a patient quickly due to the COVID-19 impact and do not have time to secure pre-authorization for post-acute care settings or home-based care (i.e., skilled nursing facilities, long-term acute care hospitals and inpatient rehabilitation), we will waive the pre-authorization requirements.</p> <p>If a patient has services that are delayed, we will extend pre-authorizations for elective inpatient admissions or outpatient elective services. Providers need to contact us to request an extension to their expiring pre-authorization request.</p> <p>AIM Specialty Health (AIM) and eviCore healthcare (eviCore) are extending authorizations for six months.</p> <p>Any emergency room visit that results in an in-patient admission, directly related to COVID-19, does not require a pre-authorization</p> <p>All pharmacy pre-authorizations that are due to expire between March 23, 2020 and June 30, 2020 will be extended six months from the date of the current expiration date to alleviate work by providers' offices.</p> |  |

| Will the outpatient pre-authorizations and pre-authorizations for scheduled elective admissions be extended longer than 90 days? If so, by how much? |                    |                                                                                                                                                                                                                                              |  |
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| Answer to Question:                                                                                                                                  |                    |                                                                                                                                                                                                                                              |  |
|                                                                                                                                                      |                    | <a href="https://www.regence.com/provider/library/whats-new/covid-19#care-management">https://www.regence.com/provider/library/whats-new/covid-19#care-management</a>                                                                        |  |
| <b>UHC - Commercial</b>                                                                                                                              | Varies<br>04/28/20 | UHC will provide a 90-day extension, based on original authorization date, of open and approved prior authorizations with an end date or date of service between March 24, 2020 and May 31, 2020, for services at any care provider setting. |  |

| Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period? |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Follow Common Direction?                                                                                                                                                                 |                  | Pre-authorization will be waived when a patient is ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to delivery of care.                                                                                                                                                                                |                                                                                        |
| <b>Aetna</b>                                                                                                                                                                             | Most<br>04/03/20 | Aetna has published "Temporary Changes in Prior Authorization/ Precertification and Admissions Protocols" for COVID19 here:<br><br><a href="https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/prior-authorization-notification.pdf">https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/prior-authorization-notification.pdf</a>                                                                                          | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |
| <b>Amerigroup - DSNP</b>                                                                                                                                                                 | Yes<br>04/21/20  | <a href="#">Amerigroup auth update</a>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |
| <b>CHPW - Medicare Advantage</b>                                                                                                                                                         | Yes<br>3/20/20   | Effective 3/20/2020 CHPW has temporarily waived the prior auth requirements for Home Health, ventilators, CPAP/BiPAP services. Prior Authorization is not required for any respiratory DME or supplies currently. In addition, CHPW is approving all DME needed for discharge from an inpatient setting without prior authorization. We are requesting notification, but it can be sent after discharge of the services provided. |                                                                                        |

| Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period? |                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Follow Common Direction?                                                                                                                                                                 |                                         | Pre-authorization will be waived when a patient is ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to delivery of care.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                          |                                         | CHPW is waiving the prior authorization requirement for admissions to post-acute facilities (SNF, LTAC, and Inpatient Rehab). In addition, no prior authorization is currently needed for any lateral transfer from one inpatient facility to the next. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Cigna</b>                                                                                                                                                                             | Most<br>04/01/20                        | Cigna waives prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals.                                                                                           | Self-insured plan sponsors will be able to opt-in to this program at their discretion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Coordinated Care - Commercial</b>                                                                                                                                                     |                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>First Choice (TPA and PPO)</b>                                                                                                                                                        | Varies by our Payers' Plans<br>03/27/20 | <a href="#">COVID Provider page</a>                                                                                                                                                                                                                     | <p>First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.</p> <p>As an administrator for our self-funded health Plans, we are complying with the Families First Coronavirus Response Act, specifically the "Health Provisions" and the CARES Act-Health Provisions Coronavirus Aid, Relief and Economic Security (CARES) Act.</p> <p>FCH is encouraging all FCH payors to waive patient responsibility for COVID-19 diagnostics, including testing services, performed in accordance with the Families First Coronavirus Response Act and the CARES Act.</p> |
| <b>HCA – Apple Health</b>                                                                                                                                                                | N.A.<br>04/13/20                        | The Department of Social and Health Services has issued guidance to hospitals re: SNF placements when DSHS is the payer.                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period? |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| Follow Common Direction?                                                                                                                                                                 |                  | Pre-authorization will be waived when a patient is ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to delivery of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                          |                  | See MCOs responses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Medicaid FFS                                                                                                                                                                             | N.A.<br>04/13/20 | DSHS is responsible for managing Skilled care for Medicare clients and FFS clients                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Amerigroup                                                                                                                                                                               | Yes<br>04/08/20  | <p>We are waiving (for in and out of network regardless of diagnosis) prior authorization for admissions to SNFs, IP rehab, and long-term acute care hospitals. Though we are requesting voluntary notification. We are also waiving prior auth for home health related to patient transfers.</p> <p>As it relates to DME for COVID-19 diagnoses, prior auth requirements are suspended for DME effective March 26, including oxygen supplies, respiratory devices and continuous positive airway pressure (CPAP) devices for patients diagnosed with COVID-19, along with the requirement for authorization to exceed quantity limits on gloves and masks.</p> <p>Amerigroup is not waiving DME authorizations at this time for non-COVID19 diagnoses.</p> |  |
| CHPW                                                                                                                                                                                     | Yes<br>3/20/20   | Effective 3/20/2020 CHPW has temporarily waived the prior auth requirements for Home Health, ventilators, CPAP/BiPAP services. Prior Authorization is not required for any respiratory DME or supplies currently. In addition, CHPW is approving all DME needed for discharge from an inpatient setting without prior authorization. We are requesting notification, but it can be sent after discharge of the services provided.                                                                                                                                                                                                                                                                                                                           |  |

| Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period? |                 |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |
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| Follow Common Direction?                                                                                                                                                                 |                 | Pre-authorization will be waived when a patient is ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to delivery of care.                                                                                                                                |                                                                                        |
|                                                                                                                                                                                          |                 | CHPW is waiving the prior authorization requirement for admissions to post-acute facilities (SNF, LTAC, and Inpatient Rehab). In addition, no prior authorization is currently needed for any lateral transfer from one inpatient facility to the next.                                                                                                                           |                                                                                        |
| <b>Coordinated Care</b>                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |
| <b>Molina</b>                                                                                                                                                                            | Yes<br>04/17/20 | Molina waives (for participating and non-participating) prior authorization for admissions to SNFs, IP rehab, and long-term acute care hospitals. We are requesting voluntary notification, and we negotiate a rate with non-participating providers. We currently allow home health visits (evaluation + 6 visits) without prior authorization in order to facilitate discharge. |                                                                                        |
| <b>UHP Community Plan</b>                                                                                                                                                                | Yes<br>08/11/20 | T1030, T0131, G0151, G0152, and 92507 are suspended from PA during the pandemic emergency. For other home health codes such as RN, PT and OT, we follow NCQA requirements. We do not authorize LTC settings since the requirement ended. SNF doesn't require prior authorization, only notification and medical records review at day three.                                      |                                                                                        |
| <b>KP-NW</b>                                                                                                                                                                             | Yes<br>04/03/20 | Expedited authorization for DME would apply and in certain circumstances authorization for DME may be waived.                                                                                                                                                                                                                                                                     |                                                                                        |
| <b>KP-WA</b>                                                                                                                                                                             | Yes<br>04/03/20 | Expedited authorization for DME would apply and in certain circumstances authorization for DME may be waived.                                                                                                                                                                                                                                                                     | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |

| Will health plans ease authorization requirements for key components of after-hospital care, such as admission to SNFs or rehab, providing home health visits, during this COVID period? |                  |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |
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| Follow Common Direction?                                                                                                                                                                 |                  | Pre-authorization will be waived when a patient is ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to delivery of care.                                                                                                                                |                                                                                        |
| Labor & Industries                                                                                                                                                                       | No<br>05/20/20   | Long term care placements and/or nursing home placements are authorized by L&I Occupational Nurse Consultants.                                                                                                                                                                                                                                                                    |                                                                                        |
| Molina - Marketplace                                                                                                                                                                     | Yes<br>04/17/20  | Molina waives (for participating and non-participating) prior authorization for admissions to SNFs, IP rehab, and long-term acute care hospitals. We are requesting voluntary notification, and we negotiate a rate with non-participating providers. We currently allow home health visits (evaluation + 6 visits) without prior authorization in order to facilitate discharge. |                                                                                        |
| Pacific Source                                                                                                                                                                           | Most<br>04/03/20 |                                                                                                                                                                                                                                                                                                                                                                                   | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |
| Premiera                                                                                                                                                                                 | Most<br>04/03/20 | <a href="#">COVID Provider page</a>                                                                                                                                                                                                                                                                                                                                               | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |
| Providence                                                                                                                                                                               | Most<br>04/03/20 |                                                                                                                                                                                                                                                                                                                                                                                   | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |
| Regence                                                                                                                                                                                  | Most<br>04/07/20 | We are committed to removing barriers in order to quickly discharge our members to alternate settings to accommodate care needs of critical members. We are available to support discharge needs and providers should contact our care management team if they are encountering any discharge barriers at 1 (866) 543-5765 from 7 a.m. to 5 p.m. Monday through Friday.           | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |
| UHC - Commercial                                                                                                                                                                         | Most<br>04/28/20 | Prior authorization requirements for admissions to a post-acute care setting are suspended from March 24, 2020 through May 31, 2020.                                                                                                                                                                                                                                              | Self-insured plan sponsors will be able to opt-in to this program at their discretion. |

As providers begin to treat suspected and actual COVID patients, they are trying to get paperless in the room (less contamination). As such, providers would like to not have to get the patient to sign any forms.

**Can any patient signature requirements be waived for COVID patients, e.g. Medicare MOON?**

| <b>Follow Common Direction?</b>      |                 | <p><b>A paperless environment with COVID patients is endorsed and strongly supported. Payers are not aware of any group contractual requirement and believe that the only signatures needed are Consent to Treat and HIPAA Notice Receipt. For these documents, HIPAA Notice Receipt and Consent to Treat, signatures are possibly required by the provider to protect themselves – and not the payer. The HIPAA notice provided by the provider to the member is not a Payer Privacy requirement but rather a Provider obligation as the covered entity. Please let the payer know if there is a specific document on which they are requiring a patient signature.</b></p> |  |
|--------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Aetna</b>                         | Not Answered    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Amerigroup - DSNP</b>             | Yes<br>05/04/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>CHPW - Medicare Advantage</b>     | Yes<br>04/21/20 | Following the HCA and the CMS guidance to allow this.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Cigna</b>                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Coordinated Care - Commercial</b> | TBD<br>3/31/20  | CCW would defer to HCA guidance on this point. Providers should document all verbal interactions and agreements in the medical records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>First Choice (TPA and PPO)</b>    | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>HCA – Apple Health</b>            | Yes<br>04/13/20 | <p>HCA website has info about informed consent.<br/> <a href="https://www.hca.wa.gov/health-care-services-supports/program-administration/authorized-representatives">https://www.hca.wa.gov/health-care-services-supports/program-administration/authorized-representatives</a></p> <p>A new telemedicine telehealth document will be posted soon on this website to provide guidance as well</p>                                                                                                                                                                                                                                                                           |  |
| <b>Medicaid FFS</b>                  | Yes<br>04/13/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |



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**Can any patient signature requirements be waived for COVID patients, e.g. Medicare MOON?**

| <b>Follow Common Direction?</b> |                 | <b>A paperless environment with COVID patients is endorsed and strongly supported. Payers are not aware of any group contractual requirement and believe that the only signatures needed are Consent to Treat and HIPAA Notice Receipt. For these documents, HIPAA Notice Receipt and Consent to Treat, signatures are possibly required by the provider to protect themselves – and not the payer. The HIPAA notice provided by the provider to the member is not a Payer Privacy requirement but rather a Provider obligation as the covered entity. Please let the payer know if there is a specific document on which they are requiring a patient signature.</b> |  |
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| <b>Amerigroup</b>               | Yes<br>03/27/20 | If/when this conflicts with HCA guidelines, will follow HCA guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>CHPW</b>                     | Yes<br>04/21/20 | Following the HCA and the CMS guidance to allow this.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Coordinated Care</b>         | Yes<br>04/13/20 | CCW would defer to HCA guidance on this point. Providers should document all verbal interactions and agreements in the medical records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Molina</b>                   | Yes<br>04/17/20 | We will follow HCA guidance. Providers should document verbal consent in the medical records.<br>Medicare: We will follow CMS guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>UHC – Community Plan</b>     | Yes<br>04/13/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>KP-NW</b>                    | Yes<br>03/27/20 | From a health plan perspective, HIPAA allows claims submission from the provider to the carrier without a form signed by the patient. However, the forms that are signed in a care delivery setting are often for the purposes of the patient agreeing to financial liability if the service is not covered by a health plan and informed consent. These forms are not required by an insurance company, but the actual hospital or facility may require providers to obtain signatures. In some lines of business, such as Medicare and Medicaid, in order for the provider or hospital to be paid,                                                                  |  |
| <b>KP-WA</b>                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

As providers begin to treat suspected and actual COVID patients, they are trying to get paperless in the room (less contamination). As such, providers would like to not have to get the patient to sign any forms.

**Can any patient signature requirements be waived for COVID patients, e.g. Medicare MOON?**

| <b>Follow Common Direction?</b> |                 | <b>A paperless environment with COVID patients is endorsed and strongly supported. Payers are not aware of any group contractual requirement and believe that the only signatures needed are Consent to Treat and HIPAA Notice Receipt. For these documents, HIPAA Notice Receipt and Consent to Treat, signatures are possibly required by the provider to protect themselves – and not the payer. The HIPAA notice provided by the provider to the member is not a Payer Privacy requirement but rather a Provider obligation as the covered entity. Please let the payer know if there is a specific document on which they are requiring a patient signature.</b> |  |
|---------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                 |                 | the patient must sign the form. Because of this, CMS and the Health Care Authority may need to loosen requirements during the COVID-19 outbreak for all services (not just flexibility for COVID-19).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Labor &amp; Industries</b>   | Yes<br>04/01/20 | For COVID patients, they may file their portion of the Report of Accident online through FileFast which does not require an electronic signature. If there was a medical visit, providers should complete the provider portion of the ROA. We have not been waiting for the provider documents to get claims allowed and benefits paid as appropriate.                                                                                                                                                                                                                                                                                                                |  |
| <b>Molina - Marketplace</b>     | Yes<br>04/17/20 | We will follow HCA guidance. Providers should document verbal consent in the medical records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Pacific Source</b>           | Yes<br>05/09/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Premiera</b>                 | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Providence</b>               | Yes<br>04/01/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Regence</b>                  | Yes<br>03/27/20 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>UHC - Commercial</b>         | TBD<br>04/28/20 | UHC currently offers no guidance on this issue.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

