

Are services provided in non-licensed space and/or non-licensed beds covered and if so, how should they be billed?			
Follow Consensus Direction?		<p>Claims for services to COVID and non-COVID patient provided in non-licensed space and/or 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, then the sponsoring hospital site of service and all policies and procedures would apply. If the additional space were off a hospital campus such as a naval ship or large tented or other temporary structure then the policies and procedures of the sponsoring organization would apply.</p>	
Aetna	Yes 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	??? 03/24/20	Amerigroup will follow HCA guidance for Medicaid MCOs and is consulting with HCA on this question.	
CHPW	Yes 03/27/20		
Cigna			
Coordinated Care	Yes 03/27/20	CCW is following all HCA and CMS guidance, or OIC mandates.	
First Choice (TPA and PPO)	Yes 04/01/20		
HCA – Apple Health			
KP-NW	Yes 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			
Medicaid FFS	Varies 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	

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Molina	Yes 04/01/20	Molina will follow all HCA and CMS guidance, and OIC mandates.	
Pacific Source	Yes 03/27/20		
Premera	Yes 03/27/20		
Providence	Yes 04/01/20		
Regence	Yes 03/27/20		
UHC			