COVID-19 information from Empire BlueCross BlueShield HealthPlus

During these challenging times, Empire BlueCross BlueShield HealthPlus (Empire) is closely monitoring COVID-19 developments and what it means for our customers and our health care provider partners. We have taken actions to assist you and our clinical team is actively monitoring external queries and reports from the CDC to help us determine what action is necessary on our part.

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COVID-19 testing and visits associated with COVID-19 testing
Empire will waive cost sharing inclusive of copays, coinsurance and deductibles for the COVID-19 test and visits to determine if testing is needed. Tests samples may be obtained in many settings including a doctor’s office, urgent care, ER or even drive-thru testing. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help you get to a provider who can do so.

Important: Starting March 16, 2020, in-network providers are advised that they may not collect any deductible, copayment, or coinsurance for COVID-19 testing or visits to get the test.

Telemedicine (live video + audio via app):
For 90 days effective March 17, 2020, Empire began waiving member cost sharing for telemedicine visits, including covered visits for mental health and substance use disorders. This applies to the use of the LiveHealth Online platform, as well as for care received from other providers delivering virtual care through internet video + audio services.

Telehealth (telephonic with video capability)
Effective March 16, 2020, Empire began waiving member cost sharing for telehealth visits (by phone with video capability) with in-network providers acting within the scope of their license. Out-of-network visits are also covered if the member’s benefit plan has out-of-network benefits. This includes covered visits for medical services as well as mental health and substance use disorders services, where medically appropriate if all other requirements for a covered health service are met. This waiver will remain in place for 90 days or as long as the COVID-19 emergency is in effect. Phone and video delivery must be HIPAA compliant.

Telephonic-only care

* LiveHealth Online is an independent company providing telehealth services on behalf of Empire BlueCross BlueShield HealthPlus.

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Effective March 19, 2020, Empire will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required and in accordance with benefit plan terms.

- This includes visits for medical services and behavioral health.
- Cost shares will be waived for in-network providers only.
- Exceptions include chiropractic services, physical, occupational, and speech therapies. These services are not appropriate for telephone-only consultations.

This waiver will remain in place for 90 days or as long as the COVID-19 emergency is in effect. Phone delivery must be HIPAA compliant.

**Prescription coverage**

We are also providing coverage for members to have an extra 30-day supply of medication on hand. In addition, we are encouraging that when member plans allow, members switch from 30-day home delivery to 90-day home delivery. This applies to members who have prescription drug coverage.

**Frequently asked questions**

**What is Empire doing to prepare?**

Empire is committed to providing increased access to care while eliminating certain costs and to help alleviate the added stress on individuals, families and the nation’s healthcare system.

These actions are to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to the commitment of Empire to remove barriers for its members and support communities through this unprecedented time.

Empire is committed to helping our members gain timely access to care and services in a way that places the least burden on the health care system. We want to reduce barriers to seeing a doctor, getting tested and adhering to medications for long-term health issues.

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Actions include waiving:

- Cost-sharing for the treatment of COVID-19 from April 1 through May 31, 2020 for members enrolled in Medicare Advantage and Medicaid plans.
- Cost-sharing for COVID-19 diagnostic tests for members enrolled in Medicare Advantage and Medicaid plans.
- Cost-sharing for visits to get the COVID-19 diagnostic test, regardless of whether test is administered, beginning March 13 for members enrolled in Medicare Advantage and Medicaid plans.
- Cost-sharing for telemedicine visits, including visits for behavioral health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, unless further extended, beginning March 16. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.
- Cost-sharing for FDA-approved medications or vaccines when they become available.

The cost-sharing waiver includes copays, coinsurance and deductibles.
For additional services, members will pay any cost shares their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

### How is Empire monitoring COVID-19?

Empire is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the CDC to help us determine what action is necessary on our part to further support our stakeholders.

Empire has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics.

Empire’s enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and Virtual Command Center for Emergency Management command, control and communication.

In addition, Empire has a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

### In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Empire is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Empire’s telemedicine provider, LiveHealth Online, is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

### COVID-19 Testing and Treatment

#### Will Empire waive member cost shares for COVID-19 testing and visits to get COVID-19 testing?

Yes. Cost shares for the COVID-19 test and visits to get the COVID-19 test are waived. Self-insured plan sponsors are required under federal law to also waive cost sharing for COVID-19 tests and visits to get the test.

#### When member cost sharing has been waived (where permissible) by Empire as outlined in this FAQ for COVID-19 testing and visits associated with COVID-19 testing, telehealth (video and audio) services, and in-network telephonic-only services, how does that impact provider reimbursement?

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

#### How is Empire reimbursing participating hospitals that perform COVID-19 diagnostic testing in an emergency room or inpatient setting?
Reimbursement for COVID-19 testing performed in a participating hospital emergency room or inpatient setting is based on existing contractual rates inclusive of member cost share amounts waived by Empire. As we announced on March 6, Empire is waiving cost shares for members of our fully insured employer-sponsored, individual, Medicare, and Medicaid plan members — inclusive of copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test. Self-insured plan sponsors are required under federal law to also waive cost sharing for COVID-19 tests and visits to get the test.

How is Empire reimbursing participating hospitals, which are performing COVID-19 diagnostic testing in a drive thru testing setting?

Based on standard AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Empire will recognize the codes 87635 and U0002, and will reimburse drive thru COVID-19 tests according to the lab fee schedule inclusive of member cost-share amounts waived by Empire. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Empire inclusive of member cost share amounts waived by Empire. As previously announced Empire will waive cost shares for members of our fully insured employer-sponsored, individual, Medicare, Medicaid and self-funded plan members — inclusive of copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test.

Does Empire require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

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

No. Empire will waive member cost shares for COVID-19 lab tests and provider visits to get the lab test performed by participating and non-participating providers. This is applicable for our employer-sponsored, individual, Medicare and Medicaid plan members. Self-insured plan sponsors are required under federal law to also waive cost sharing for COVID-19 tests and visits to get the test.

Virtual telemedicine, telehealth and telephonic care

How are telemedicine services covered?

- Empire covers telemedicine, for example, LiveHealth Online (live video + audio via app) services for providers who have access to those platforms/capabilities and participate in the program.
- Effective March 17, Empire began waiving member cost sharing for telemedicine (video + audio) visits, including covered visits for mental health or substance abuse disorders. Self-insured plan sponsors may opt out of this program. This will remain in place for 90 days or as long as the COVID-19 emergency is in effect.

How will Empire cover telehealth (telephonic with video capability)?

Effective March 16, 2020, Empire began waiving cost sharing for telehealth visits (by phone with video capability) where medically appropriate if all other requirements for a covered health service are met with in-network providers. Out-of-network visits are also covered if the member’s benefit plan has out-of-network benefits. This will remain in place for 90 days or as long as the COVID-19 emergency is in effect.

What codes would be appropriate to consider for telehealth, telemedicine or a telephonic visit?
Based on standard coding guidelines from the AMA and HCPCS, office visit (99201-99215) telehealth claims will require Place of Service (POS) code 02 (office) and either modifier 95 or GT. For Medicare Advantage telehealth claims, please follow Original Medicare coding guidance.

Audio-only telephonic codes 99441, 99442, 99443, 98966, 98967, 98968 do not require a telehealth modifier to be appended. Place of service would be the location where the provider initiates such a call.

For Medicare Advantage audio-only telephonic claims please use codes 99441, 99442, 99443, 98966, 98967, and 98968. Note, however, Medicare Advantage coding for either telehealth or audio-only telephonic claims could change in the future based on guidance from CMS.

**Is Empire’s vendor, LiveHealth Online, prepared for the number of visits that will increase to telemedicine?**
As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability and stands ready to have doctors available to see the increase in patients, while maintaining reasonable wait times.

**How can I support access to telemedicine?**
Providers can apply to join the LiveHealth Online panel of providers here: [https://providers.amwell.com](https://providers.amwell.com).

**What codes would be appropriate to consider for a telemedicine (video + audio) health visit with a patient who wants to receive health guidance related to COVID-19?**
Submit Telemedicine with the CPT code for the service rendered, place of service (POS) 02, and append either modifier 95 or GT.

**What codes would be appropriate to consider for telemedicine (live video + audio via app) and telehealth (telephonic with video capability) for physical, occupational, and speech therapies?**
During the emergency period, Empire will waive member cost shares for telemedicine and telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) code 11 (office) and modifier 95 or GT:
- Physical therapy (PT) evaluation codes — 97161, 97162, 97163 and 97164
- Occupational (OT) therapy evaluation codes — 97165, 97166, 97167 and 97168
- PT/OT treatment codes — 97110, 97112, 97530 and 97535
- Speech therapy (ST) evaluation codes — 92521, 92522, 92523 and 92524
- ST treatment codes — 92507, 92526, 92606 and 92609
- PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include — 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546

**How does a provider submit a telemedicine visit with an existing patient that lives in a bordering state?**
For providers (e.g., in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective March 17, 2020 for the next 90 days, you may submit your telemedicine claim using the primary service address where you would have normally seen the member for the face-to-face visit.
What is the best way that providers can get information to Empire’s members on Empire’s alternative virtual care offerings?
The member-facing blog (https://www.empireblue.com/coronavirus) are great resources for members with questions and are being updated regularly.

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

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

Coding, billing, and claims

Does Empire have recommendations for reporting, testing and specimen collection?
The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?

Does Empire expect any slowdown with claim adjudication because of COVID-19?
We are not seeing any impacts to claims payment processing at this time.

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Empire of the new temporary address(es)?
Providers do not need to notify Empire of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider’s primary service address along with your current tax ID number.

Other

Do these guidelines apply to members enrolled in the Federal Employee Program (FEP®) through the Federal Employees Health Benefits Program?
Where permissible, these guidelines apply to FEP members. For the most up-to-date information about the changes FEP is making, go to https://www.fepblue.org/coronavirus.

What financial assistance is available for care providers during the COVID-19 crisis?
The CARES Act provides financial relief to lessen the impact of the COVID-19 crisis. Included in the law are new resources to address the economic impact of COVID-19 on employers of all sizes. The Act expands existing federal loan programs, creates new tax credits, postpones employment tax payments, and includes additional tax relief. To help care providers navigate the resources available to them, Empire has complied information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found here.
Do the guidelines contained in this FAQ apply to members enrolled in the Anthem-affiliated health plans in states living in another BCBS Plan’s service area?

Anthem’s guidelines apply to Anthem’s affiliated health plan’s membership (members with Anthem ID cards) wherever they reside, except where prohibited by law or local emergency guidelines. Each BCBS Plan may have different guidelines that apply to members of other Blue plans. Providers should continue to verify an individual’s eligibility and benefits prior to rendering services.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.