



An Anthem Company

Provider Bulletin
January 2021

Information from Empire BlueCross BlueShield (Empire) for care providers about COVID-19 (Updated February 1, 2021)

Updated to include vaccine information

Please review the Medicare and Medicaid specific sites noted below for details about these plans.

Commercial: [Provider News Home](#)

Medicaid: [Medicaid Provider News - COVID-19](#)

Medicare: [Medicare Advantage Provider News Archives](#)

Empire is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Empire has developed the following updates and frequently asked questions.

Contents:

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Update summary

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

Empire is waiving cost shares for our fully-insured employer, individual, Medicare and Medicaid plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits associated with the COVID-19 test, including visits to determine if testing is needed. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing. 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 were advised that they may not collect any deductible, copay, or coinsurance for COVID-19 testing or visits to get the test.

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

www.empireblue.com/nymedicaidoc

Empire BlueCrossBlueShield HealthPlus is the trade name of HealthPlusHP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

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COVID-19 vaccine

How is Empire reimbursing FDA-Approved COVID-19 vaccines?

The cost of COVID-19 FDA-approved vaccines will initially be paid for by the government.

For members of our fully-insured employer and individual plans as well as self-funded plans, Empire will reimburse for the administration of COVID-19 FDA-approved vaccines at the established national CMS rates, unless otherwise required. Empire will cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency, and providers are not permitted under the federal mandate to balance-bill members.

For members of Medicare Advantage plans, CMS issued guidance (<https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>) that, the COVID-19 vaccine administration should be billed by providers to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. This will ensure that Medicare Advantage members will not have cost-sharing for the administration of the vaccine.

For members of Medicaid plans, Medicaid state-specific rate and other state regulations may apply.

Telemedicine (live video + audio via app):

Effective from March 17, 2020, through September 30, 2020, Empire will waive member cost sharing for telemedicine visits from in-network providers, including covered visits for mental health and substance use disorders, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. For out-of-network providers, Empire is waiving cost shares from March 17, 2020, through June 14, 2020. This applies to use of our LiveHealth Online* platform, as well as for care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

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 applies to fully insured employer plans, individual plans, and Medicare plans and Medicaid plans, where permissible. Self-insured plan sponsors may opt out of this program. This waiver will remain in place from March 19, 2020 through September 30, 2020, Phone/video delivery must be *HIPAA* compliant.

Telephonic-only care

Empire will cover telephonic-only visits with in-network providers where medically appropriate if all other requirements for a covered health service are met. 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, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible and medically appropriate.
- Cost shares will be waived for in-network providers only. Self-insured plan sponsors may opt out of this program.

Prescription coverage

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

Frequently asked questions

What is Empire doing to continue to address this emergency?

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

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

Empire is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

Actions include waiving:

- Cost sharing for the treatment of COVID-19 from April 1, 2020 through January 31, 2021.
- Cost sharing for COVID-19 diagnostic tests.
- Cost sharing for visits to get the COVID-19 diagnostic test, regardless of whether test is administered.
- Cost sharing for telemedicine visits for members of our Medicaid plans from March 16, 2020 through September 30, 2020, unless further extended.
- 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 and the New York State Department of Health to help us determine what, if any, action is necessary on our part to further support our stakeholders.

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 Empire's Virtual Command Center for Emergency Management command, control and communication.

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

In this epidemic, how have you ensured 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 telehealth 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

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

Yes. Cost shares for fully insured employer, individual, Medicare and Medicaid plan members — inclusive of copays, coinsurance and deductibles — for 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, telemedicine (video + audio) services, telehealth (telephonic with video capability) and telephonic-only services, how does that impact provider reimbursement?

Empire will process the claim for in-network services as if there is no member cost sharing, as it does, for example, with preventative health services. Out-of-network coverage will be provided where required and in accordance with benefit plan terms.

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, 2020, Empire will waive cost shares for members of our Medicaid plan members — inclusive of copays, coinsurance and deductibles — for COVID-19 test and visits to get the COVID-19 test.

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

Based on standard American Medical Association (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-through 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 we announced on March 6, 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?

Empire will waive member cost shares for COVID-19 lab tests performed by participating and nonparticipating 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.

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

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

Virtual telemedicine, telehealth and telephonic care

How are telemedicine services covered?

- Empire covers telemedicine, for example, Live Health Online (live video + audio via app) services, when rendered by providers who have access to those platforms/capabilities and participate in the relevant telemedicine program.
- Effective March 17, 2020, Empire began waiving member cost sharing for telemedicine (live video + audio via app) visits, including covered visits for mental health or substance abuse disorders, for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans where permissible. Self-insured plan sponsors may opt out of this program. This will remain in place until September 30, 2020 or as long as the COVID-19 emergency is in effect in New York.

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. Self-insured plan sponsors may opt out of this program. This will remain in place until March 31, 2021, 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 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.

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

For providers (for example, in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective from March 17 through September 13, 2020, you may

submit your telehealth claim using the primary service address where you would have normally seen the member for the face-to-face visit.

Is Empire's vendor, LiveHealth Online, prepared for the number of visits that will increase to telehealth?

As the COVID-19 emergency continues and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability. LiveHealth Online 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>.

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) code 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?

Through September 30, 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 02 and modifier 95 or GT:

- Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167 and 97168
- PT/OT treatment codes 97110, 97112, 97530 and 97535
- Speech therapy (ST) evaluation codes 92521, 92522, 92523 and 92524
- ST treatment codes 92507, 92526, 92606 and 92609
- PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546.

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

For providers (for example, in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective from March 17, 2020, through December 31, 2020, 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?

Empire's COVID-19 site <https://www.empireblue.com/coronavirus/> is a great resource for members with questions and is being updated regularly.

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

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

How is Empire complying with the Fifty-Seventh Amendment to 11 NYCRR 52 further extending the cost share waiver for COVID-19 testing and visits associated with COVID-19 testing until September 9, 2020?

Empire is complying with this amendment. Empire recently committed to waiving cost sharing for COVID-19 testing and visits associated with COVID-19 testing until September 30, 2020, or any longer period required by NYS law. The waiver applies to covered services for COVID-19 testing and visits associated with COVID-19 testing provided under comprehensive medical policies in-network except in cases of emergency.

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 for services where a member's cost shares are waived?

The CDC has provided coding guidelines related to COVID-19: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

What CPT/HCPS codes would be appropriate to consider for the administration of a COVID-19 vaccines?

CMS has provided coding guidelines related to COVID-19 vaccines:

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>.

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

Empire looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for evaluation and testing services in any place of service.

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

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

Should providers who are establishing temporary locations to provide healthcare 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 healthcare 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.feblue.org/coronavirus>.

What financial assistance is available for care providers during the COVID-19 crisis?

The CARES Act (The 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 compiled information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found [here](#).

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.