Southwestern Health Resources

Texas Health Resources® UTSouthwestern Medical Center®

COVID-19 PROVIDER ALERTS

January 9, 2021

The following updates have been made to the SWHR COVID-19 Resource Center, including the comprehensive grid outlining payer telemedicine information.

AETNA

COVID-19 Telemedicine Policy
Aetna COVID-19 Telemedicine Expansion

Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice.

The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure in physician offices. Through September 30, 2020, Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial Plans. Self-insured plans offer this waiver at their own discretion. Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through **January 31, 2021**.

COVID-19 Vaccine
Aetna members in Commercial and Medicaid plans will not have to pay any out-of-pocket costs for a COVID-19 vaccine. For Medicare beneficiaries, CMS will cover the full cost of the vaccine, including those in a Medicare Advantage plan.

Aetna will cover any COVID-19 vaccine that has received FDA authorization, at no added cost to members.

CMS has provided additional guidance to plans, states and providers to ensure that the statutory requirements related to COVID-19 vaccination and coverage of administration costs are implemented as Congress intended. CMS issued the following payment allowances and related information for administering COVID-19 vaccines during the Public Health Emergency:

COVID-19 vaccine administration reimbursement rates:

- 0001A - (Pfizer Admin): ADM SARSCOV2 30MCG/0.3ML 1ST - Rate: $16.94
- 0002A - (Pfizer Admin): ADM SARSCOV2 30MCG/0.3ML 2ND - Rate: $28.39
- 0011A - (Moderna Admin): ADM SARSCOV2 100MCG/0.5ML1ST - Rate: $16.94
- 0012A - (Moderna Admin): ADM SARSCOV2 100MCG/0.5ML2ND - Rate: $28.39

Traditional Telemedicine Codes (e.g., 99201-99205;99211-99215)
YES - Synchronous virtual care required if billing with E&M codes; **Not allowing** for Audio-only with traditional telemedicine CPTs see below Telephonic billing. Bill with POS 02 with the GT or 95 Modifier. Aetna had formerly approved the use of the POS where services would have been rendered if not during PHE (i.e., POS 11) but, on April 17, 2020, Aetna announced they have updated the Fee Schedules for POS 02 to pay same rate as face to face visit. Aetna will perform corrections if needed to claims billed with POS 11. For Medicare members, POS 02 or POS 11, or the POS equal to what it would have been had the service been furnished in-person, along with the 95 modifier indicating that the service rendered was actually performed via telehealth, may be utilized and will reimburse at the same rate.
Aetna will waive member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured Commercial and Medicare Advantage plans and is effective immediately for any such admission through **December 31, 2020**. Self-insured plan sponsors offer this waiver at their discretion.

Cost-Sharing

Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through **January 31, 2021**.

- Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through **January 31, 2021** for their Commercial plans. Aetna self-insured plan sponsors offer this waiver at their discretion.
- Cost share waivers for any in-network covered medical or behavioral health services telemedicine visit for Aetna Student Health plans are **extended until January 31, 2021**.
- Medicare Advantage will continue to waive cost shares for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services through **January 31, 2021**. Aetna Medicare Advantage members should continue to use telemedicine as their first line of defense for appropriate symptoms or conditions to limit potential exposure in physician offices. Cost sharing will be waived for all Teladoc® general medical care virtual visits. Cost sharing will also be waived for covered real-time virtual visits offered by in-network providers (live videoconferencing or telephone-only telemedicine services).

Aetna will waive member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured Commercial and Medicare Advantage plans and is effective immediately for any such admission through **January 31, 2021**. Self-insured plan sponsors offer this waiver at their discretion.

Prior Auth Changes Regarding COVID-19
COVID-19 Communications Update: Temporary Changes in Prior Authorization/Precertification for Skilled Nursing Facility (SNF) admissions

Prior authorization requests for commercial and Medicare Advantage members are being approved until the end of the plan year. Authorization may be extended beyond the plan year, for a period of six months, if continued eligibility can be confirmed.

BCBSTX

Telemedicine Policy (Baseline)
BCBS Telemedicine and Telehealth Services prior to COVID
BCBSTX Telehealth 2021

COVID-19 Telemedicine Policy
BCBSTX COVID-19 Telemedicine and Telehealth Coverage Expansion COVID-19 – Ended December 31, 2020

BCBSTX Telehealth 2021
NEW Telemedicine Policy Effective 1/1/21 – 2/11/21
NEW Telemedicine Policy Effective 2/12/21

In response to the COVID-19 pandemic, Blue Cross and Blue Shield of Texas (BCBSTX) expanded access to telehealth services to give BCBSTX members greater access to care. The experience confirmed the importance of telehealth in health care delivery. Members can access their medically necessary, covered benefits through providers who deliver services through telehealth. Many of our members also have access to various telehealth vendors, such as MDLIVE.

For state-regulated fully insured members, providers are not required to use a vendor for telehealth services. For self-funded members, providers may be required to use specific vendors as outlined in the member's benefit plan. Recommend verification.

Telemedicine and Telehealth
Coverage - Providers can use telehealth for members with the following types of benefit plans. Care must be consistent with the terms of the member's benefit plan.

- State-regulated fully insured HMO and PPO plans
- Blue Cross Medicare Advantage (excluding Part D) and Medicare Supplement (see Medicare info below)
- Self-funded employer group plans

Commercial Members - As of January 1, 2021, for BCBSTX state regulated fully insured HMO and PPO members and BCBSTX self-funded employer group members, BCBSTX will cover telehealth codes consistent with the **permanent code lists** from:

- The Centers for Medicare and Medicaid Services (CMS), and
- The American Medical Association (AMA)

By permanent, BCBSTX means those codes that are **not temporarily available for the duration of the public health emergency (PHE)** or the **year of the PHE.**

CMS and AMA periodically update their lists. BCBSTX will follow their updates.

BCBSTX **will not cover** the following codes:

- Codes that are not on the telemedicine code list provided by CMS or the AMA
- CMS codes that are temporary for the PHE
- CMS Codes that are active for the year of the PHE only
- AMA codes listed as Private Payer

Medicare Members - CMS identifies covered services for Medicare members. This means we will cover all the CMS telemedicine codes, including those available only during the PHE for Medicare Advantage and Medicare Supplement members.

- BCBSTX Telehealth 2021
- NEW Telemedicine Policy Effective 1/1/21 – 2/11/21
- NEW Telemedicine Policy Effective 2/12/21
- BCBSTX COVID-19 Coverage Updates for Medicare Providers
- BCBSTX COVID-19 Provider Information for ERS Participants

COVID-19 Resource Page
BCBSTX Telehealth 2021

COVID-19 Coding Resources
BCBSTX Telehealth 2021
NEW Telemedicine Policy Effective 1/1/21 – 2/11/21
NEW Telemedicine Policy Effective 2/12/21

COVID-19 Vaccines
COVID-19 Vaccines and Coverage

Fully insured:

- Vaccine and administration covered as a preventive service with no cost-share to members at in-network providers
- Vaccine and administration covered with no cost-share to members if delivered at out-of-network providers through the end of the public health emergency

Self-funded employer groups:

- Non-grandfathered self-funded employer groups - vaccine and administration covered as a preventive service with no cost-share to members at in-network providers
- Vaccine and administration covered at no cost-share to members at out-of-network providers through the end of the public health emergency
- Self-funded employer groups that don't cover preventive vaccines through their pharmacy benefit must cover the vaccine through their medical benefit
- Grandfathered plans are not required to cover preventive services, including the COVID-19 vaccine

Medicare Advantage and Medicare Supplement:

- For 2020 and 2021, Medicare payment for the COVID-19 vaccine and its administration will be through the original fee-for-service Medicare program.
- Submit claims for administering the COVID-19 vaccine to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved.
- Members will have no cost-sharing on vaccines through **December 31, 2021**.

Coding claims: CMS and the American Medical Association (AMA) have identified the codes to use in submitting claims. For more information, see CMS' guidance.

Code	Use	Description
91300	Vaccine	Pfizer-Biontech Covid-19 Vaccine SARSCOV2 VAC 30MCG/0.3ML IM
0001A	Admin	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose ADM SARSCOV2 30MCG/0.3ML 1ST
0002A	Admin	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose ADM SARSCOV2 30MCG/0.3ML 2ND
91301	Vaccine	Moderna Covid-19 Vaccine SARSCOV2 VAC 100MCG/0.5ML IM
0011A	Admin	Moderna Covid-19 Vaccine Administration – First Dose ADM SARSCOV2 100MCG/0.5ML1ST
0012A	Admin	Moderna Covid-19 Vaccine Administration – Second Dose ADM SARSCOV2 100MCG/0.5ML2ND

COVID-19 Coding Resources
Clinical Payment and Coding Policy Telemedicine and Telehealth Services

Traditional Telemedicine Codes (e.g., 99201-99205; 99211-99215)

- The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services delivered via telehealth with the appropriate modifiers (95, GT, GQ, G0) and Place of Service (POS) 02.

  Acceptable modifiers:
  95 – synchronous telemedicine (two-way live audio visual)
  GT – interactive audio and video telecommunications
  GQ – asynchronous
  G0 – telehealth services for diagnosis, evaluation or treatment of symptoms of an acute stroke; G0 must be billed with one of the approved telemedicine modifier (GT, GQ or 95).

  Note: If a claim is submitted using a telehealth code, no modifiers are necessary. Only codes that are not traditional telehealth codes require a modifier.

  Currently, covered telehealth claims for eligible members for in-network medically necessary health care services will be reimbursed at the same rate as in-person office visits for the same service. We will continue to evaluate reimbursement. Submit claims with appropriate codes and modifiers. For claims using a specific telehealth code, the applicable telehealth reimbursement will apply.

Telephonic (99441-99443)

- For more information refer to the **Telemedicine and Telehealth** section above.
- Medicare Members only see below:

  Available telehealth visits with BCBSTX providers include:
  - 2-way, live interactive telephone communication (audio only) and digital video consultations
  - Asynchronous telecommunication via image and video not provided in real-time (a service is recorded as video or captured as an image; the provider evaluates it later)
  - Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness

  Delivery methods for Medicare members
  - Providers should use an interactive audio and video telecommunications system that permits real-time interactive communication to conduct telehealth services. CMS permits audio only in limited circumstances. See the CMS website for designated audio-only codes.

Providers can find the latest guidance on acceptable Health Insurance Portability and Accountability Act (HIPAA) compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action.

Exclusions based on Patient Coverage?

For state-regulated fully insured members, providers are not required to use a vendor for telehealth services. For self-funded members, providers **may be required to use specific vendors as outlined in the member's benefit plan. Recommend verification.**

Verifying Telemedicine Benefits (Real Time Eligibility (RTE), Payer Portals or Phone)

BCBSTX self-funded employer group customers make decisions for their employee benefit plans. Check eligibility and benefits for any variations in member benefit plans. For state-regulated fully insured members, providers are not required to use a vendor for telehealth services. For self-funded members, providers may be required to use specific vendors as outlined in the member's benefit plan.

BCBSTX recommends the following:

- Consider telehealth a mode of care delivery to be used when it can reasonably provide equivalent outcomes as face-to-face visits.
- Choose telehealth when it enhances the continuity of care and care integration if you have an established patient-provider relationship with members.
- Integrate telehealth records into electronic medical record systems to enhance continuity of care, maintain robust clinical documentation and improve patient outcomes.

Cost-Sharing

As of January 1, 2021, **copays, deductibles and coinsurance apply** to telehealth visits for most members. The cost share varies according to the member's benefit plans. **Check eligibility and benefits** for each member for details.

Our self-funded employer group customers make decisions for their employee benefit plans and may choose to waive telemedicine cost share. **Check eligibility and benefits** for any variations in member benefit plans.

For the duration of the PHE, BCBSTX is waiving cost share for our Medicare Advantage members. This means these members will not owe any copays, deductibles or coinsurance for telehealth visits. The cost share waiver does not apply to Medicare Supplement members.

Prior Auth Changes Regarding COVID-19
Some telehealth care will require **referrals** and **prior authorizations** in accordance with the member's benefit plan. **Check eligibility and benefits** for each member for details.

Referral Requirements
Some telehealth care will require **referrals** and **prior authorizations** in accordance with the member's benefit plan. **Check eligibility and benefits** for each member for details.

CIGNA

Telemedicine Policy (Baseline)
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

COVID-19 Telemedicine Policy
Cigna COVID-19 Interim Billing Guidelines – Ends December 31, 2020
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

COVID-19 Resource Page
Cigna COVID-19 Interim Billing Guidelines – Ends December 31, 2020
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

COVID-19 Coding Resources
Cigna COVID-19 Interim Billing Guidelines – Ends December 31, 2020
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

COVID-19 Vaccine
Effective 8-1-20, Antibody testing will only be covered for ages 21 and younger.

Coding: Cigna covers the administration of the COVID-19 vaccine with no customer cost-share (i.e., no deductible or co-pay) when delivered by any provider or pharmacy.

After the EUA or licensure of each COVID-19 vaccine product by the FDA, CMS will identify the specific vaccine code(s) along with the specific administration code(s) for each vaccine. For the COVID-19 vaccines that are available as of December 2020, Cigna will reimburse the administration of the vaccine at the established national CMS rates, as follows:

Code	Descriptor	Vaccine name and dose	Reimbursement	Effective date
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer-BioNTech COVID-19 Vaccine Administration – First Dose	$16.94	December 11, 2020
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer-BioNTech COVID-19 Vaccine Administration – Second Dose	$28.39	
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna COVID-19 Vaccine Administration – First Dose	$16.94	December 18, 2020
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna COVID-19 Vaccine Administration – Second Dose	$28.39	

Traditional Telemedicine Codes (e.g., 99201-99205; 99211-99215)
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

Virtual Check-Ins (G2012/G2010)
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

Exclusions based on Patient Coverage?
Beginning January 1, 2021, Cigna will implement a new Virtual Care Reimbursement Policy to ensure continued reimbursement of virtual care services at face-to-face rates.

Cost-Sharing
As of Jan. 1, 2021, **copays, deductibles and coinsurance apply** to telehealth visits for most members. The cost share varies according to the member's benefit plans. **Check eligibility and benefits** for each member for details.

Our self-funded employer group customers make decisions for their employee benefit plans and may choose to waive telemedicine cost share. **Check eligibility and benefits** for any variations in member benefit plans.
For the duration of the PHE, BCBSTX is waiving cost share for our Medicare Advantage members. This means these members will not owe any copays, deductibles or coinsurance for telehealth visits. The cost share waiver does not apply to Medicare Supplement members.

Prior Authorization Changes Regarding COVID-19
Some telehealth care will require **referrals** and **prior authorizations** in accordance with the member's benefit plan. **Check eligibility and benefits** for each member for details.

HUMANA

Telemedicine Policy (Baseline)
Humana Telehealth Services Policy
Humana Telehealth and Other Virtual Services – **updated: January 8, 2021**

COVID-19 Telemedicine Policy
Humana Telehealth and Other Virtual Services – **updated: January 8, 2021**

COVID-19 Vaccine
Vaccine FAQs

Cost-Sharing
For the 2021 plan year, Humana will cover out-of-pocket costs for COVID-19 treatment for Humana Medicare Advantage members. Eligible members will have no copays, deductibles or coinsurance out-of-pocket costs for covered services for treatment of confirmed cases of COVID-19, regardless of where the treatment takes place. This could include telehealth, primary care physician visits, specialty physician visits, facility visits, labs, home-health, and ambulance services. Members are encouraged to check their plan documents for details about their 2021 coverage.

Effective January 1, 2021, employer group members' standard benefits and cost-sharing will apply for COVID-19 treatment.

Note: This does not apply to Part D-only plan members. Part D-only plan members continue to be eligible for prescription benefits.

Prior Authorization Changes Regarding COVID-19
Humana SNF Auth Changes **- As of January 6, 2021**
In response, Humana is suspending authorization requirements for skilled nursing facilities (SNFs) for Medicare Advantage and commercial members in the entire state of Texas through January 31, 2021.

NaviHealth will continue to work with SNF facility-based teams on concurrent review for length of stay and appropriate level of care, including discharge planning. Please provide notification of admission within 24 hours to allow us to track our members' progress and provide assistance with discharge

planning. You will receive an approval when you submit the notification. This suspension applies to participating/in-network providers only.

Important details:

- Authorization suspension, as outlined herein, will continue through Jan. 31, 2021.
- This suspension applies to participating/in-network providers only.
- Please provide notification of admission within 24 hours to allow us to track our members' progress. You will receive an approval when you submit the notification.
- No other services requiring prior authorization are included in this suspension.

UHC

Telemedicine Policy (Baseline)
Telehealth Commercial - **updated: January 8, 2021**

COVID-19 Telemedicine Policy
UHC Summary of COVID-19 Dates by Program Grid – **updated: January 8, 2021**
Medicare Advantage –

- COVID-19 related services – UnitedHealthcare will extend the expansion of telehealth access for in- and out-of-network providers through the national public health emergency period, currently scheduled to end January 20, 2021, UnitedHealthcare will cover all in-network and out-of-network telehealth services as outlined in the current CMS guidelines.
- Non-COVID-19 related services – UnitedHealthcare will extend the expansion of telehealth access for in- and out-of-network providers through the national public health emergency period, currently scheduled to end January 20, 2021, UnitedHealthcare will cover all in-network and out-of-network telehealth services as outlined in the current CMS guidelines.
- (See the Medicare Advantage section on UHCprovider.com/covid19 > Telehealth)

Commercial – **From January 1, 2021** and beyond, UnitedHealthcare will reimburse in-network telehealth services as outlined in current CMS guidelines and additional codes as outlined in our telehealth reimbursement policy.

- COVID-19 related services – UnitedHealthcare will extend the expansion of telehealth access for in-network providers for COVID-19 testing and treatment through **January 20, 2021**.
- Non-COVID-19 related services – For in-network providers, UnitedHealthcare will extend the expansion of telehealth access through December 31, 2020.

COVID-19 Coding Resources
UHC COVID-19 Testing and Testing-Related Services Billing Guide – **Updated: December 29, 2020**
UHC COVID-19 Telehealth Coding Guidance – **Updated: December 21, 2020**

COVID-19 Vaccine
Claim Payments: UnitedHealthcare will begin paying COVID-19 vaccine administration claims once CMS rates are published.

Cost of Vaccine: The COVID-19 vaccine serum will initially be paid by the U.S. government.

Patient Cost Share: Eligible members receiving the vaccine will not have any out-of-pocket costs (copayment, coinsurance or deductible), whether for the vaccine or the vaccine administration, when the U.S. government provides the vaccine. Health care professionals should not bill members for these claims. For Individual and Group Market* health plans, UnitedHealthcare and self-funded customers will be required to cover the administration of COVID-19 vaccines with no cost share (copayment, coinsurance or deductible) for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

Coding: UnitedHealthcare aligns with America Medical Association (AMA) CPT® coding for medical claims. Health care professionals should use published AMA CPT codes when submitting COVID-19 vaccine administration claims to UnitedHealthcare under the member's medical benefit.

Currently Approved AMA CPT Codes

Manufacturer	Vaccine Dose CPT	National Drug Code	1st Administration CPT	2nd Administration CPT
Pfizer	91300	59267-1000-1	0001A	0002A
Moderna	91301	80777-273-10	0011A	0012A

Additional codes will be added as they become available. Codes will be added to all applicable provider fee schedules as part of the standard quarterly code update and any negotiated discounts and premiums will apply to these codes. Codes will be added using the CMS published effective date for the codes and payment allowance as the primary fees source.

Modifiers: Modifiers are not required when submitting COVID-19 vaccine administration claims through the member's medical benefit.

Virtual Check-Ins (G2012/G2010)
Commercial -

- COVID-19 related services For new patients, UnitedHealthcare will extend the expansion of telehealth access for in-network providers for COVID-19 testing and treatment through **January 21, 2021.** From Jan. 1, 2021 and beyond, UnitedHealthcare will cover all in-network telehealth services as outlined in current CMS guidelines and additional codes as outlined in our telehealth reimbursement policy.
- Non-COVID-19 related services For new patients, UnitedHealthcare will extend the expansion of telehealth access for in-network providers through **January 21, 2021**.

Telephonic (99441-99443)
UHC COVID-19 Testing and Testing-Related Services Billing Guide – **Updated: December 29, 2020**
UHC COVID-19 Telehealth Coding Guidance – **Updated: December 29, 2020**
Telehealth Commercial – **Updated: January 1, 2021**

E-Visits (99421-99423, G2061-G2063)
Additional Details
UHC COVID-19 Testing and Testing-Related Services Billing Guide – **Updated: December 29, 2020**
UHC COVID-19 Telehealth Coding Guidance – **Updated: December 29, 2020**
Telehealth Commercial – **Updated: January 1, 2021**

Cost-Sharing

- Non-COVID-19 related UnitedHealthcare will extend the cost share waiver for telehealth services for in- and out of-network primary care providers through Dec. 31, 2020. As of October 1, 2020, cost sharing for non-primary care telehealth services will be adjudicated in accordance with the member's benefit plan. In 2021, cost sharing for telehealth services will be determined according to the member's benefit plan. Most of our Medicare Advantage plans have $0 copayments for covered telehealth services in 2021.

Commercial –

- COVID-19 Testing – UnitedHealthcare will extend the expansion of telehealth access for in- and out-of-network providers through the national public health emergency period, currently scheduled to end **January 20, 2021**.
- COVID-19 Treatment – From February 4, 2020 through December 31, 2020, UHC is waiving cost sharing for in-network telehealth treatment visits. **Effective January 1, 2021**, most benefit plans include telehealth visits with in-network providers. Members will be responsible for any copay, coinsurance or deductible according to their benefit plan. Here is a link to the updated reimbursement policy **effective January 1, 2021**.
- Non-COVID-19 - For in-network providers, UnitedHealthcare extended the cost share waiver for telehealth services through September 30, 2020. For out-of-network providers, the cost share waiver for telehealth services does not apply. As of October 1, 2020, benefits will be adjudicated in accordance with the member's benefit plan.

Prior Authorization Changes Regarding COVID-19
To streamline operations for providers, UHC is extending prior authorization timeframes for open and approved authorizations and we're suspending prior authorization requirements for many services. Review each of the sections below for effective dates and specific details. Please check back often for the latest information.

Prior Auth Updates

- In-Network Hospital and SNF Prior Authorization Suspensions in **Effective December 18, 2020 – January 31, 2021**
- Genetic and Molecular CPT Code/Prior Authorization Update Beginning Oct. 1, 2020
- Extensions of Existing Prior Authorizations
- Diagnostic Radiology for COVID-19
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- Infertility Treatments and Embryo Cryopreservation – Update on Guidance and Coverage
- Post-Acute Care Admissions
- Site of Service Reviews
- Transfers to a New Provider

Referral Requirements

- **Medicare Advantage:** As a result of the emergency order, beginning March 1, 2020: UHC is not enforcing referral for Medicare Advantage plans during the national public health emergency period. For dates of service through January. 20, 2021, referrals do not need to be entered into Link for plans that otherwise require that process.
- **Individual and Group Market Health Plans:** Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements continue to apply. If a patient is unable to contact their primary care provider (PCP), they can contact Member Services for assistance with a referral. The number for Member Services can be found on their health plan ID card. **Referrals are not required for primary care visits for any of our plans. However, some plans may have referral requirements for specialists that were in place before the national public health emergency period. You can use** UHC referral link tool **to submit and check member referrals for all benefit plans.**

MEDICAID

COVID-19 Telemedicine Policy
COVID-19 Telemedicine Extension – Update: **January 20, 2021** or if PHE extended Jan. 31, 2021

COVID-19 Vaccine
COVID-19 Vaccine Information
COVID-19 Vaccine Administration Procedure Codes 0001A and 0002A Are Now Benefits

Traditional Telemedicine Codes (e.g., 99201-99205;99211-99215)
YES — Synchronous virtual care required per traditional HHSC telemedicine policy (Medicaid); **audio-only temporarily until January 20, 2021 or January 31, 2021 if PHE extended.**

Virtual Check-Ins (G2012/G2010)
NO — HHSC/TMHP is allowing audio-only billed under standard E&M codes with Modifier 95 from March 20 until **January 20, 2021 or January 31, 2021 if PHE extended.**

Telephonic (99441-99443)
NO — HHSC/TMHP is allowing audio-only billed under standard E&M codes with Modifier 95 from March 20 until **January 20, 2021 or January 31, 2021 if PHE extended.**

Cost-Sharing
N/A Medicaid Products; CHIP Waiver of CHIP Co-payments. To assist families in accessing care during the COVID-19 response, HHSC is waiving office visit co-payments for all CHIP members for services provided from March 13, 2020, until **January 20, 2021 or January 31, 2021 if PHE extended.**

Cost Share CHIP Waiver – update: **until January 20, 2021 or January 31, 2021 if PHE extended.**

Prior Authorization Changes Regarding COVID-19
COVID-19 Guidance for New and Initial Prior Authorizations - update: **until January 20, 2021 or January 31, 2021 if PHE extended.**