DATE:	March 18, 2020
TO:	All BMC HealthNet Plan Providers
FROM:	BMC HealthNet Plan
SUBJECT:	**COVID-19 Update and FAQs (Communication #2)**
PRODUCT:	☒ *MassHealth* ☒ *Qualified Health Plans* ☒ *Senior Care Options*

Coronavirus (COVID-19) Update and FAQ's

We are closely monitoring the COVID-19 situation and wanted to share some information that will help you serve patients around COVID-19 testing and treatment. We will reach out with additional information as it becomes available.

For the most up-to-date information, please refer to the [Center for Disease Control's (CDC) website](#) The situation is rapidly evolving and the CDC is updating its website regularly as new information becomes available.

Provider FAQ's

What codes should I use for COVID-19 testing?

There are two new HCPCS codes for healthcare providers who need to test patients for coronavirus.

Providers using the Centers for Disease Control and Prevention (CDC) 2019 novel coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001).

A second new HCPCS code (U0002) can be used by laboratories and healthcare facilities. HCPCS code (U0002) generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).

What codes should I use for COVID-19 diagnoses?

All providers must report diagnosis codes in accordance with CDC guidelines as follows.

Confirmed COVID-19 Cases	B97.29 – Other coronavirus as the cause of diseases classified elsewhere
Exposure to COVID-19	Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases

For visits unrelated to COVID-19, please report diagnosis codes according to ICD-10 guidelines.

Is BMC HealthNet Plan covering telehealth visits?

In accordance with the State response to COVID-19 management, BMC HealthNet Plan will cover telephonic visits in addition to telehealth visits for our members until further notice. Please see codes for each telehealth visit type below.

What codes should I use for telehealth visits?

Telehealth Coding for MassHealth and Qualified Health Plan members

To report telehealth services, providers must include place of service code 02 in addition to the applicable code(s) describing the services provided. Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable fee schedules.

The Plan will also reimburse for clinically appropriate, medically necessary telephone evaluations reported with the following CPT codes.

99441	Physician telephone evaluation 5-10 MIN
99442	Physician telephone evaluation 11-20 MIN
99443	Physician telephone evaluation 21-30 MIN
98966	Qualified nonphysician health professional telephone evaluation 5-10 MIN
98967	Qualified nonphysician health professional telephone evaluation 11-20 MIN
98968	Qualified nonphysician health professional telephone evaluation 21-30 MIN

Services may not be set up to pay at the time of claim submission. The Plan will reprocess any impacted claims after implementation.

Telehealth Coding for Senior Care Options members (Medicare)

Providers must report telehealth services in accordance with Medicare guidelines using the following codes:

G2012	Brief communication technology-based service, 5-10 MIN (such as telephone)
G2010	Remote evaluation of recorded video and/or images
99421	Online digital E\M service, 5-10 MIN
99422	Online digital E\M service, 11-20 MIN
99423	Online digital E\M service, 21+ MIN
G2061	Qualified nonphysician healthcare professional online assessment, 5-10 MIN
G2062	Qualified nonphysician healthcare professional online assessment, 11-20 MIN
G2063	Qualified nonphysician healthcare professional online assessment, 21+ MIN

Can I provide telehealth services to my patients?

Providers capable of offering telehealth services—either via telephone or a combination of telephone and video— may do so. Providers will reimbursed at the same rate as in-person visits.

Will Prior Authorization be required for COVID-19 treatment?

In an effort to ensure that members get timely and medically necessary treatment, we are waiving prior authorization requirements for testing and treatment of suspected COVID-19 cases. These requirements will be waived until further notice.

What if my office can't provide COVID-19 testing or treatment?

If you are unable to provide COVID-19 testing or treatment, please contact us for a list of in-network facilities that are able to support the request. If there are no viable in-network facilities to provide care for your patient OR if your patient has urgent testing or treatment needs, we will cover visits to out-of-network providers.

Will patients have to pay for testing and treatment of COVID-19?

No, members can receive COVID-19 testing and medically-necessary treatment at no cost. Members who typically have cost-sharing responsibility will have their copays waived for COVID-19 testing and copayments, deductibles, and co-insurance will be waived for COVID treatment. Please note: this applies to testing and treatment from in-network providers. If testing and treatment is not available at in-network providers, services from out-of-network providers will be covered at no cost to the member.

Can member prescriptions be filled early in the event of community quarantine?

Yes, BMC HealthNet Plan members may request early refills of medication if there are refills remaining on the prescription should there be in a situation requiring quarantine. This would allow the request of up to a 30-day supply of a medication before the next scheduled refill due date if needed.

Can members get their prescriptions by mail?

Yes, certain medications may be delivered by mail so that members do not have to pick them up at a local pharmacy. This option is available for maintenance medications that are filled regularly and used to treat conditions such as diabetes, asthma, high cholesterol and high blood pressure. Members can receive a 90-day supply of medication delivered to their home. Our mail order pharmacy can assist with transferring prescriptions and will also work with our providers for a new prescription if necessary.

With the Mail Order Pharmacy program, MassHealth members can get a 90-day supply of medications for the same cost as a 30-day supply.

Where can I get the most up-to-date information on the COVID-19 virus?

Since information on COVID-19 is rapidly evolving, we recommend visiting the Center for Disease Control (CDC) website for additional resources.

How can I contact BMC HealthNet Plan if needed?

You can contact your Provider Relations Consultant if you have any further questions. As a preventive measure for the safety of our employees, like many organizations in Massachusetts, we are allowing most plan staff to work remotely for the time being. Business and claims processing will

BOSTON MEDICAL CENTER
HEALTH*Net* PLAN

continue as usual and our Provider Services line remains available during normal business hours. Our staff will not be making provider office visits at this time.