



## Important Notice to Providers about Billing for Coronavirus (COVID-19) Services

Effective March 16, 2020, UniCare is covering services to test, diagnose and treat COVID-19 at no member cost share, to remove barriers to treatment, and also expanding access to telehealth services to prevent the spread of the virus.

These changes are effective for dates of service starting March 16, 2020, until further notice. It applies to all providers and members nationwide.

### What you should know about billing and reimbursement for COVID-19 related services

#### For telehealth visits (virtual, audio only, or telephonic)

For all telehealth services including primary care, specialty care and behavioral health visits, UniCare will reimburse providers up to the same rate as the in-person reimbursement rate. There is no member cost share (copays, coinsurance or deductible) for telehealth visits for COVID-19 services when billed with [these diagnosis codes](#). If services are billed with any other diagnosis codes, standard member cost sharing will apply.

#### To ensure proper reimbursement you must use the following coding:

- Standard CPT codes such as E&M codes
- Place of service code 02
- And/or one of the following modifiers:
  - Modifier 95 (Synchronous Telemedicine Services Rendered Via Real-Time Interactive Audio and Video Telecommunications System)
  - Modifier GQ (Via Asynchronous Telecommunications System)
  - Modifier GT (Via Interactive Audio and Video Telecommunications System)
- UniCare will also allow the following telephonic codes:
  - For physicians – 99441, 99442 and 99443
  - For non-physicians: 98966, 98967 and 98968

#### Lab testing for COVID-19

There is no member cost share for lab testing for COVID-19. Providers should use the following codes to identify COVID-19 testing:

- U0001, U0002 and 87635, or
- 87798 and 87631 plus [a COVID-19 diagnosis code shown here](#)

If lab services are billed with any other diagnosis codes, standard member cost sharing will apply.

#### Visits in the office, at an urgent care center, or in an emergency room for COVID-19

There is no member cost share for the following COVID-19 services when billed with [these diagnosis codes](#). If services are billed with any other diagnosis codes, standard member cost sharing will apply.

- Lab tests
- Vaccinations
- Office visits and consultations
- Any treatment in an emergency room

### Appropriate guidelines to deliver medically necessary health services via telehealth

- For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any relevant medical records with the patient before initiating the delivery of any service.
- For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.
- Prior to each patient appointment, the provider must ensure that the provider is able to deliver the services to the same standard as in-person care and in compliance with the provider's licensure regulations and requirements, programmatic regulations, and performance specifications related

regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access).

- If the provider cannot meet appropriate standard of care or other requirements for providing requested care via telehealth, then the provider must make this determination prior to the delivery of treatment, notify the patient of this, and advise the patient to instead seek appropriate in-person care.
- To the extent feasible, providers must ensure the same rights to confidentiality and security to a patient as provided in face-to-face services, and must inform members of any relevant privacy considerations prior to providing services via telehealth.
- Providers must follow consent and patient information protocols consistent with those followed during in-person visits.
- Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site), and obtain the location of the patient (i.e., originating site).
- Providers must inform the patient of how the patient can see a clinician in-person in the event of an emergency or otherwise.

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