

COVID-19 information from Highmark Blue Cross Blue Shield of Western New York (April 2021 update)

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

Highmark BCBSWNY is closely monitoring COVID-19 developments and how they will impact 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.

Summary

Cost sharing updates

During the beginning of the COVID-19 pandemic, Highmark BCBSWNY began waiving some cost sharing. Cost sharing waiver for in-network telehealth resumed February 1, 2021. Cost sharing for telephonic-only care and for care not related to COVID-19 will end on May 31, 2021.

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

Highmark BCBSWNY will waive cost shares — including copays, coinsurance and deductibles — for COVID-19 test and visits associated with the COVID-19 test (including visits to determine if testing is needed). Test samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. 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.

Telehealth (video + audio):

For COVID-19 treatments via telehealth visits, Highmark BCBSWNY's affiliated health plans will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through January 31, 2021.

Effective March 17, 2020, through September 30, 2020, Highmark BCBSWNY waives member cost shares for telehealth visits, including visits for mental health or substance use disorders.

Beginning on June 1, 2021, cost sharing will no longer be waived for members using our authorized telemedicine service, LiveHealth Online for care unrelated to COVID-19, and for care received from other providers delivering virtual care through internet video and audio services.

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. LiveHealth Online is an independent company providing telehealth services on behalf of Highmark Blue Cross Blue Shield of Western New York.

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Telephonic-only care

Effective March 19, 2020, through May 31, 2021, Highmark BCBSWNY will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services. Cost shares will be waived for in-network providers only. Exceptions include some chiropractic services, physical therapy and occupational therapy services. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Highmark BCBSWNY is also providing coverage for members to have an extra 30-day supply of medication on hand. We are encouraging that when member plans allow, they switch from 30-day home delivery to 90-day home delivery.

Frequently asked questions

Highmark BCBSWNY's actions

What is Highmark BCBSWNY doing to prepare?

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

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

Highmark BCBSWNY 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.

How is Highmark BCBSWNY monitoring COVID-19?

Highmark BCBSWNY 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, if any, action is necessary on our part to further support our stakeholders.

Highmark BCBSWNY has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

Our 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 the Virtual Command Center for Emergency Management command, control and communication.

In addition, Highmark BCBSWNY 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 threat.

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

Highmark BCBSWNY 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, Highmark BCBSWNY'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 Highmark BCBSWNY waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing?

Highmark BCBSWNY will waive cost shares for our Medicare and Medicaid plan members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing.

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

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

How is Highmark BCBSWNY 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 Highmark BCBSWNY. As we announced on March 6, Highmark BCBSWNY 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.

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

Based on standard American Medical Association (AMA) and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Highmark BCBSWNY 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 Highmark BCBSWNY. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Highmark BCBSWNY inclusive of member cost share amounts waived by Highmark BCBSWNY. As we announced on March 6, Highmark BCBSWNY 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 Highmark BCBSWNY 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 Highmark BCBSWNY require use of a contracted provider for the COVID-19 lab test in order for waiver of the member's cost share to apply?

Highmark BCBSWNY 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.

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

CMS has provided the guideline to use the CS modifier: <https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-10-mlnc-se>. Highmark BCBSWNY 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.

COVID-19 vaccine

How is Highmark BCBSWNY 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, Highmark BCBSWNY will reimburse for the administration of COVID-19 FDA-approved vaccines at a reasonable prevailing rate. Highmark BCBSWNY 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.

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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.

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

- Highmark BCBSWNY covers telehealth (in other words, video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, through September 30, 2020, Highmark BCBSWNY waives member cost share for telehealth (video + audio) visits, including visits for mental health or substance abuse disorders. Cost sharing will be waived for members using LiveHealth Online, as well as for care received from other providers delivering virtual care through internet video + audio services.

Will Highmark BCBSWNY cover telephone-only services in addition to telehealth via video + audio?

Highmark BCBSWNY does not cover telephone-only services today (with limited state exceptions) but we are providing this coverage effective March 19, 2020, through March 31, 2021, to reflect the concerns we have heard from providers about the need to support continuity of care for members during extended periods of social distancing. Highmark BCBSWNY will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Highmark BCBSWNY will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

What member cost-shares will be waived by Highmark BCBSWNY affiliated health plans for virtual care through internet video + audio or telephonic-only care?

For COVID-19 treatments via telehealth visits, Highmark BCBSWNY affiliated health plans will cover telehealth visits from in-network providers and will waive cost shares through January 31, 2021. Cost sharing will be waived for telephonic-only care through May 31, 2021.

Effective March 17, 2020, through September 30, 2020, Highmark BCBSWNY waives member cost share for telehealth (video + audio) visits where permissible. Beginning June 1, 2021, cost sharing will **no longer be waived** for members using LiveHealth Online for treatment unrelated to COVID-19, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Effective March 19, 2020, through May 31, 2021, Highmark BCBSWNY will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Highmark BCBSWNY will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

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

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.

What codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?

Based on standard coding guidelines from the AMA and HCPCS, Highmark BCBSWNY would recognize telehealth modifiers 95 or GT that are appended with office visit codes 99201-99215, for reimbursement as a telehealth service. Highmark BCBSWNY also recognizes, but does not require, Place of Service (POS) code 02 for reporting telehealth services.

What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?

Effective March 17, 2020, through September 30, 2020, Highmark BCBSWNY will waive member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) 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.

What is the best way that providers can get information to Highmark BCBSWNY's members on Highmark BCBSWNY's alternative virtual care offerings?

The member-facing blog <https://www.BlueCrossBlueShield.com/blog/member-news/how-to-protect> is a great resource for members with questions and are being updated regularly.

Members have access to telehealth 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.

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

Coding, billing and claims

Does Highmark BCBSWNY 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?

The CDC has provided coding guidelines related to COVID-19: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.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>

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

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

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 codes would be appropriate to consider for a telehealth visit?

For telehealth services rendered by a professional provider, report the CPT[®]/HCPCS code with Place of Service 02 and also append either modifier 95 or GT.

For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.

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

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

Other

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.

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

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

Should providers who are establishing temporary locations to provide healthcare services during the COVID-19 emergency notify Highmark BCBSWNY of the new temporary address?

Providers do not need to notify Highmark BCBSWNY 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.