

# Appendix A | COVID-19 Special Coverage and Payment Policy

## Benefit Coverage

\*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC for Life Medicare Advantage plans, UPMC for Kids CHIP plans, UPMC Community HealthChoices, and UPMC for You Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Appeals	UPMC Health Plan has temporarily extended the timely filing requirement for administrative and medical necessity provider appeals. The timely filing requirement, effective immediately, will be extended from 30 business days of the initial denial notification to within 60 business days of the initial denial.	All	Yes (3/15/2020 - 6/15/2020)
Behavioral Health	<p>During the COVID-19 public health emergency as declared at the State and/or Federal level, as applicable, covered behavioral health services are eligible for reimbursement when provided via telehealth or, if video capabilities are not accessible, telephonically. These services are still subject to all underlying coverage standards including but not limited to coding, time, clinical appropriateness, and documentation requirements.</p> <p>Coverage in Medicare is provided in accordance with federal guidelines, including:  <a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</a></p> <p>Coverage in Medicaid is provided in accordance with state guidelines, including:  <a href="https://www.dhs.pa.gov/coronavirus/Pages/OMHSAS-Telehealth-Guidelines.aspx">https://www.dhs.pa.gov/coronavirus/Pages/OMHSAS-Telehealth-Guidelines.aspx</a></p> <p>Coverage in Commercial is provided in accordance with state and federal regulations, including:  <a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</a></p>		<p>Yes - For Commercial Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicaid/CHIP/CHC products - policy adopted through 12/31/2020 pending any changes to the current state emergency declaration.</p>
COVID-19 Diagnostic Lab Testing, including Antibody Testing	<p>No member cost sharing (including out of network) for COVID-19 Diagnostic Testing, including Antibody Testing. Please see list of current codes on our Provider FAQ <a href="https://embed.widencdn.net/pdf/plus/upmc/raewsrchpk/Provider-COVID19-FAQ.doc?u=oid6pr">https://embed.widencdn.net/pdf/plus/upmc/raewsrchpk/Provider-COVID19-FAQ.doc?u=oid6pr</a></p> <p>UPMC Health Plan allows billing codes: 86328 Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), 86769 Antibody: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])for antibody testing for COVID-19.</p> <p>Coverage of antibody testing is subject to the terms of UPMCHP medical policy MP.160, "COVID-19 Antibody Testing".</p>	All	<p>Yes - For Commercial Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicaid/CHIP/CHC products - policy adopted through 11/30/2020 pending any changes to the current state emergency declaration.</p>

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Durable Medical Equipment "DME"/Medical Supplies	<p>Waiving of the requirement for signature and proof of delivery requirements for DME and Medical Supply equipment per CMS guidance.</p> <p>Oxygen and Nebulizers: Waiving of the requirement for Face to Face for new and renewal of oxygen and supplies and nebulizer and supplies.</p> <p>Short Term Oxygen ordered on or before December 31st will be approvable for 120 days</p> <p>Oxygen (short term and long term), Nebulizers, and CPAP/BiPAP are covered with a valid covid-19 diagnosis for all lines of business</p> <p>DME/Medical Supplies other than Oxygen and Nebulizers: Allowing telehealth** for Face to Face Physician visits for new orders for medical supplies and DME (i.e. Medical supplies, Wheelchairs, Beds, CPap/BiPap, Insulin Pump &amp; CGM &amp; supplies, vent/trach supplies).</p> <p>Waiving of the requirement for Face to Face Physician visits for renewal of medical supplies and DME (i.e. Medical supplies, Wheelchairs, Beds, CPap/BiPap, Insulin Pump &amp; CGM &amp; supplies, vent/trach supplies).</p> <p>Early Supply Shipment: Early shipment of following medical supplies and DME supplies: Continuous Glucose Monitors- MP.PA.034 or L33822, Insulin Pumps/Supplies for Insulin Pumps, MP.PA.035 or MP.137, or External Infusion pumps L33794, Nutritional Supplements Oral or Enteral (tube feedings) Nutritional Support, MP.PA.054 or Enteral Nutrition L33783, Ostomy Supplies - MP.141; Oxygen -Oxygen Therapy, Home MP.130 or Oxygen and Oxygen Equipment L33797, Urological Supplies - MP.142 or L33803; Tracheostomy Supplies - L33832.</p>	All	<p>Yes - For Commercial Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicaid/CHIP/CHC products - policy adopted through 11/30/2020 pending any changes to the current state emergency declaration.</p>
Early refill	<p>UPMC Health Plan increased access to prescription medications by waiving early refill limits on medications filled at retail and specialty pharmacies between 3/15/2020 and 6/15/2020. Early refills for mail order were permitted in commercial, Medicare and SNP. <b>Effective 6/15/2020 early refills are no longer being processed for Commercial, Medicare, or SNP plans.</b></p> <p>UPMC Health Plan will increase members' access to medications by waiving early refill limits on prescriptions until November 30, 2020 for members of our CHIP plans (UPMC for Kids) and Medical Assistance plan (UPMC for You). Patients with a valid prescription should ask their pharmacist about processing an early refill. No call or authorization from UPMC Health Plan will be required.</p>	All	<p><b>Yes (3/11/2020 - 6/15/2020)</b></p> <p>For Medicaid/CHIP/CHC products - policy adopted through 11/30/2020 pending any changes to the current state emergency declaration.</p>

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Eval & Treatment in all settings with a COVID-19 related diagnosis	EVALUATION:  For all medical products cost sharing (deductibles, coinsurance and copays) have been removed for the following service classifications: Urgent care, ER, Imaging/Radiology/Diagnostics, Office visits, Outpatient associated with COVID assessment and evaluation for diagnostic testing for both participating and non-participating providers.		Yes - For Commercial Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.
	TREATMENT:  <u>Inpatient: Commercial/Medicare</u> For UPMC Health Plan fully insured group, ACA and Medicare Advantage plans, as well as for self-insured employer group plans that opt into this coverage, all cost sharing is removed for in-network, inpatient COVID-19 treatment" UPMC Health Plan allows billing codes: U07.1, Z03.818, Z20.828, B97.29, for suspected diagnosis, diagnosis and treatment of COVID-19.  <u>All Settings: CHIP</u> For all UPMC For Kids CHIP plans, cost-sharing for COVID-19 treatment (regardless of setting) is removed.		For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.
	For Medicaid/CHIP/CHC products - policy adopted through 11/30/2020 pending any changes to the current state emergency declaration.		
Prior Authorizations - Chest CT Scan	With appropriate provided Diagnosis code (71250, 71260, 71270) + Chest CT scan, no prior authorization through HealthHelp is needed.	All	Yes - For Commercial Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.  For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.  For Medicaid/CHIP/CHC products - policy adopted through 11/30/2020 pending any changes to the current state emergency declaration.

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<p>Telemedicine</p> <ul style="list-style-type: none"> <li>- All contracted providers</li> <li>- All diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>• No member cost share for covered services. Includes patients seen at federally qualified health centers and rural health clinics. Exclusions: (1) ASO groups that have opted out of 100% coverage.</li> <li>• For commercial group and individual plans and UPMC for Life, UPMC Health Plan has temporarily added coverage for more than 80 additional telehealth services that are recognized by Medicare FFS during the public health emergency. Please reference the Medicare’s list of covered telehealth codes for the full scope of our expanded coverage: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></li> <li>• In addition, Telehealth coverage for Medicaid: UPMC for You, UPMC for Kids, and UPMC Community HealthChoices is available per the state guidance: <a href="https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/QTIP%20242.pdf">https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/QTIP%20242.pdf</a></li> <li>• UPMC Health Plan requests that any Place of Service with modifier 95, or Place of Service 02, is included with all telehealth visits, for any UPMC Health Plan member claim.</li> <li>• PT/OT/Speech visits conducted via telehealth will apply towards the member’s maximum visit limit for that benefit, if applicable.</li> <li>• As noted in existing telehealth policy MP.148, coverage for a brief (5-10min) remote interaction, typically via telephone between provider and the existing patient. This is a specific type of check-in visit and this code should not be used for delivery of any other e/m or office-based service.</li> <li>• For any FQHC on a Medicare PPS fee schedule and all RHC's, UPMC for Life and UPMC for Life Dual will align with CMS and accept code G2025 and G0071 for all approved telehealth services and brief remote interactions.</li> <li>• UPMC Health Plan covers Telehealth Well-Child Visits for UPMC for Kids, UPMC for You, and Commercial plans. Following the American Academy of Pediatrics (AAP) Bright Futures recommendations, coverage for telehealth well-child visits varies based on the need for in person well-child testing. Further guidelines on billing practices will be available in the upcoming weeks.</li> <li>• During this federal emergency, UPMC Health Plan will reimburse for covered services provided through combined audio-video communication technologies that are not HIPAA compliant (e.g., FaceTime, Zoom, and others), consistent with allowances announced by the HHS Office of Civil Rights (see Special Topics at <a href="http://www.hhs.gov/hipaa/">www.hhs.gov/hipaa/</a>). ** In these situations, members should be made aware of the potential limitations of these platforms and this should be noted in the member’s chart. Providers must clearly document the mode of communication utilized and continue to meet all documentation requirements for the service rendered.</li> <li>• Additional information on telemedicine coverage and requirements can be found at: <a href="https://embed.widencdn.net/pdf/plus/upmc/4fbcjl0ork/MP.148.pdf">https://embed.widencdn.net/pdf/plus/upmc/4fbcjl0ork/MP.148.pdf</a></li> </ul>	<p>All</p>	<p>Yes - For Commercial Products (3/20/2020 - 12/31/2020) -pending any changes to the current federal emergency declaration.</p> <p>For Medicare Products (3/20/2020 - 12/31/2020) - pending any changes to the current federal emergency declaration.</p> <p>For Medicaid/CHIP/CHC Products (3/20/2020 - 12/31/2020) -pending any changes to the current state emergency declaration.</p>
<p>Treat not transport for 911 Calls</p>	<p>Donning and Doffing PPE for Respiratory Precautions temporarily considered BLS skill. Eligible for 2 units of service with code A0998.</p> <p>Facilitating Telehealth Visit during 911 call in lieu of transport reimbursed with additional code Q3014.</p> <p>Transport to Alternative Destination: Transportation to appropriate care setting in lieu of emergency department eligible for BLS transport. Use modifier "D" as destination code.</p>	<p>All</p>	<p>Yes (3/1/2020 - 12/31/2020) -pending any changes to the current federal emergency declaration.</p>

gdc-9/25/2020; 2 pm

\*\*On March 17th, 2020, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. Covered health care providers may use popular applications that allow for video chats including: Skype, FaceTime, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco WebEx Meetings / WebEx Teams, Amazon Chime, GoToMeeting to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. See full notice from OCR Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency <https://upmchp.us/hhs>