

COVID-19 information from Amerigroup Community Care (April 9 update)

Amerigroup Community Care is closely monitoring COVID-19 developments and how will impact our customers and provider partners. Our clinical teams are actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and Tennessee Department of Health to help us determine what action is necessary on our part.

To help address providers' questions, Amerigroup has developed the following FAQ list:

What is Amerigroup doing to prepare?

We are committed to help provide increased access to care while eliminating costs and alleviating 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 for our members and support communities through this unprecedented time.

We are 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.

We are lifting any normally required out-of-pocket costs for members to:

- See a telehealth provider for physical or behavioral health.
- Access diagnostic testing for COVID-19.
- Visit a doctor's office, urgent care or emergency department to get tested.
- Access a free COVID-19 symptom checker and text or videochat with doctors.

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

Amerigroup will waive any normally required cost shares for Medicare and Medicaid members — including of copays, coinsurance and deductibles — for COVID-19 testing 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-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help connect members with testing. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Telehealth (video + audio):

For 90 days effective March 17, 2020, Amerigroup will waive any normally required member cost shares for telehealth visits, including visits for mental health or substance use disorders, for our Medicare and Medicaid plans, where permissible.

Cost sharing will be for care received from providers delivering virtual care through internet video and audio services.

Telephonic-only care

For 90 days effective March 19, 2020, Amerigroup 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 for Medicare and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Amerigroup 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:

Will Amerigroup waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing?

Amerigroup will waive cost shares for our Medicare and Medicaid plan members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits. 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 connect members with testing. The waivers apply to Medicare and Medicaid plans.

- Amerigroup covers telehealth (in other words, video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, Amerigroup waive member cost share for telehealth (video + audio) visits, including visits for mental health or substance abuse disorders, for our Medicare plans and Medicaid plans where permissible for 90 days. Cost sharing will be waived for members receiving care through internet video + audio services.

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Amerigroup cover telephone-only services in addition to telehealth via video + audio?

Amerigroup does not cover telephone-only services today (with limited state exceptions) but we are providing this coverage for 90 days effective March 19, 2020, 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. Amerigroup will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Amerigroup will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

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, Amerigroup would recognize telehealth modifiers 95 or GT that are appended with office visit codes 99201-99215, for reimbursement as a telehealth service. Amerigroup also recognizes, but does not require Place of Service (POS) code "02" for reporting telehealth services.

How is Amerigroup monitoring COVID-19?

Amerigroup 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 teams are 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.

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

How is Amerigroup monitoring COVID-19?

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

In addition, Amerigroup 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.

Does Amerigroup 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-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

Will Amerigroup cover member out-of-pocket costs related to testing and visits for COVID-19?

Any normally required out-of-pocket expenses including copays, coinsurance and deductibles for COVID-19 are waived for tests and related visits, including visits to determine if testing is needed. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing if available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help connect members with testing.

Also, Amerigroup will waive any normally required member cost share for telehealth visits, including visits for behavioral health.

For additional services, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation. Members can call the number on their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Is Amerigroup waiving out-of-pocket expenses when a member needs health care services from a doctor or a hospital related to COVID-19 that doesn't involve diagnostic testing?

No, the waiver for out-of-pocket expenses relates to testing and visits that are related to testing, such as a visit to determine if testing is needed. For care unrelated to COVID-19 test or the visit associated with the test, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation.

However, there is an exception. Amerigroup will waive any member cost share for telehealth visits, including visits for mental health, for our fully insured Medicare and Medicaid plans for 90 days as of March 17.

Is Amerigroup waiving member copays associated with telehealth visits for COVID-19?

Amerigroup will waive member cost share for telehealth visits, including visits for mental health for 90 days, beginning March 17.

Is Amerigroup waiving copays related to testing or treatment for COVID-19?

There is no copay for any services related to the testing or treatment related to COVID-19, regardless of place or type of service effective for dates of service on and after March 17, 2020.

What services are appropriate to provide via telehealth?

Amerigroup covers telehealth (i.e., video and audio) services from providers who have access to those platforms/capabilities today. Providers can bill for virtual and telephonic consultations with their patients by using E&M codes 99201-99215. Providers can bill for behavioral health consultations by using codes 90791, 90792, 90832, 90834, and 90837. All claims billed using the above coding should be billed with the Place of Service 02.

Will Amerigroup cover telephone-only services in addition to telehealth via video and audio?

Amerigroup will provide coverage for telephone-only services delivered to members for 90 days effective March 19, 2020. For telephonic provider-to-member consultations, providers can use CPT codes 99441-99443. All claims billed using the above coding should be billed with Place of Service 02.

Amerigroup will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Exceptions include home health, chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Can members get their out-of-pocket expenses waived to see their own doctor via telehealth?

Members can get normally required out-of-pocket expenses waived for COVID-19 visits if their doctor uses a telehealth platform.

Does Amerigroup 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.

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

Amerigroup 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, we will authorize coverage for out-of-network doctors as medically necessary.

If your healthcare office or facility is planning to shut down due to the coronavirus epidemic, please call or notify your Amerigroup provider relations representative as soon as possible. It is critical that access to needed health care providers remain in place, now more than ever.

Are there any limitations in coverage for treatment of an illness 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.

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

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

What is the best way for providers to get information to Amerigroup members on virtual care offerings?

Members can call the 24-hour Nurse HelpLine at the number listed on their member ID card to speak with a registered nurse about health questions.

Are there any changes to Non-Emergent Transportation (NEMT) services?

The non-emergent medical transportation (NEMT) network continues to operate normally at this time. However, member care via Telehealth services may be a viable option in lieu of face to face visits. Please refer to the telehealth guidance listed above.

How is Amerigroup approaching the provision of ABA services via telehealth (audio + video)?

Amerigroup is making adjustments in our policy in the provision of ABA services to address the need for expanded telehealth access. We expect all ABA services will still be provided within benefits limits, authorization limits, and within state and federal regulatory requirements and licensure, including HIPAA compliance. These changes will be effective March 17 and will stay in place for 90 days. We will continue to actively monitor the rapidly evolving situation.

Is Amerigroup allowing the delivery of ABA therapy using telehealth methods?

Yes, we will allow authorized telehealth for (H0032), Mental Health Service Plan Development by non-physician/Development of Behavior Support Plan/Behavior Analyst (BCBA), H2019

Therapeutic Behavioral Services/Behavioral Analyst (BCBA) and H2019 HM-Therapeutic Behavioral Services/Behavior Technician (RBT).

Will Amerigroup allow an exception and reimbursement telehealth for the initial in-person medical evaluation for Medication Assisted Treatment (MAT) providers?

Yes, Amerigroup will reimburse contracted MAT providers for the initial in-person medical evaluation provided through means of telehealth as per the Tennessee Department of Mental Health & Substance Abuse Service COVID-19 Guidance for OBOTs and Other MAT Programs Utilizing Buprenorphine dated March 18, 2020.

When member cost sharing has been waived 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?

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

How is Amerigroup 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 Amerigroup. Amerigroup will waive cost shares for members of our Medicare and Medicaid plans—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

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

Based on standard AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Amerigroup 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 Amerigroup. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Amerigroup inclusive of member cost share amounts waived by Amerigroup. Amerigroup will waive cost shares for members of our Medicare and Medicaid plans—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

Does Amerigroup 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 Amerigroup require use of a contracted provider for the COVID-19 lab test in order for waiver of the member's cost share to apply?

Amerigroup will waive member cost shares for COVID-19 lab tests performed by participating and non-participating providers.

Will Amerigroup reimburse Primary Care Providers (PCP) that treat members that are not on their assigned panel listing.

Yes. Amerigroup will reimburse participating PCPs that treat members that are not listed on their assigned panel.