

COVID-19 Update as of April 3, 2020

In response to the coronavirus disease (COVID-19), we support the work of providers, and the guidelines set forth by the Florida Department of Health and the Centers for Disease Control and Prevention (CDC).

As information is changing at a rapid pace, we're continuing to make additional process updates for our Commercial, Affordable Care Act (ACA), Medicare Advantage and Federal Employee Program[®] (FEP) lines of business. Except as noted below, these processes remain in effect until further notice. We'll keep you informed as information changes. **Note: For easy reference, new updates are noted in "red" throughout the communication.**

Medicare Advantage Members

- **Referrals.** We are relaxing referral requirements for all service types during this time. Please attempt to obtain a referral through your existing process. If you are unable to obtain a referral, please proceed with providing treatment. Claims will not be denied for failure to obtain a referral, but will be reviewed for medical necessity and processed according to the member's contract benefits.
- **Out-of-Network Providers.** If a medically necessary service is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit.
- **Medical Test, Office Visits and Related Services**
 - The medical test for COVID-19 is available at no cost to our members.
 - Office visits and related services that result in an order for the COVID-19 test are at no cost to our members.
 - Testing is currently provided at no cost by state and federal health authorities.
 - If testing is provided by independent labs or physician offices, the member's cost share for **these tests only** will be waived. The appropriate codes for COVID-19 testing are HCPCS codes U0001 and U0002 and CPT code 87635.
- **COVID-19 Medical Treatment**
 - Through June 1, we're waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment. This includes in-patient and observation hospital admissions.
- **Authorizations/Prior Approvals for Post-Acute Care**
 - CareCentrix manages post-acute care for Florida Blue Medicare members.
 - To help hospitals accelerate appropriate discharges and support bed capacity, Florida Blue Medicare is waiving prior authorization requirements for patients being transferred from inpatient acute hospital settings to post-acute care facilities (Long Term Acute Care Facilities, Skilled Nursing Facilities and Inpatient Rehabilitation).
 - Post-acute care facilities are still required to notify CareCentrix of an admission by the end of the next calendar day. This timely notification and review is still required to determine medical necessity of continued stay and ensure Florida Blue can assist with discharge planning for its members.
 - For in-network and out-of-network providers, follow the normal business process which includes these three options:
 - Call CareCentrix at 844-359-5386 from 8 a.m. to 8 p.m. local time, including weekends. For all other hours and holidays, dial the above number and follow the appropriate prompts to leave a message. Messages left with the on-call

service will be returned within one hour.

Fax the completed authorization request form to 877-240-0713. This form is available on the CareCentrix HomeBridgeSM [provider portal](#). The fax line is available during normal hours of operation.

- Facilities using the Allscripts/CarePort should follow these [detailed instructions](#) on how to set up CareCentrix in your system.
- Additional information and resources are available on the CareCentrix HomeBridge portal at www.carecentrixportal.com.
- **Telemedicine and Teladoc[®]**. During the COVID-19 crisis, members are encouraged to take advantage of virtual visit options for less serious medical issues to limit the spreading of COVID-19. Members can access virtual visits in two ways:
 - **Option 1: Teladoc**
 - All Medicare Advantage members have access to Teladoc virtual visits.
 - Teladoc visits are at no cost to members through Florida Blue.
 - [Click here](#) to find the Teladoc information members received from us.
 - **Option 2: Telemedicine**
 - In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually.
 - The virtual visit will be in effect for the next 90 days and reimbursement will be based on your current fee schedule. Florida Blue will assess any potential extension to this timeframe and update you as needed.
 - The member will be responsible for their normal office visit cost share for this virtual visit.
 - For **in-network general medical care**, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be 02 and the modifier should be 95 or GT.
 - For **in-network outpatient professional behavioral health providers**, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule with a place of service 02 and the modifier should be 95 or GT.
 - **Expanding virtual visits**. The expansion of the additional services for virtual visits will be in effect for the next 90 days. Florida Blue will assess any potential extension to this timeframe and update you as needed.
 - **In-network behavioral health outpatient facilities** performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. **You should submit a claim to Florida Blue using the applicable revenue code and HCPCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S0201 – the modifier should be 95 or GT). There are no changes to the locator 4 Type of Bill. Continue to use the code that is currently being used by your facility.** Notification or authorization for services are required and the member's cost share will apply. If you have an existing authorization the authorization does not need to be modified and will apply based on the number and type of visits/units already authorized. Reimbursement will be based on your current fee schedule.
 - **CareCentrix home health agency services** are now available through virtual visits, if clinically appropriate and accompanied by patient consent. CareCentrix has established clinical guidelines to determine when services cannot be rendered as a virtual visit. Many CareCentrix home health services can be rendered virtually, including

the initial assessment performed by a CareCentrix RN and standard services rendered by a CareCentrix RN, LPN, Clinical Social Worker and Physical, Occupational, and Speech Therapist. The ordering provider should use existing processes to submit home health orders to CareCentrix. Registration or authorization for services is required and existing registrations and authorizations do not need to be modified for place of service 02. The member's cost share will apply to the virtual visit.

- **Physician visits to nursing facilities** are now available through virtual visits. You should submit a claim to Florida Blue with the following:
 - **Subsequent care nursing facility visits:** Use CPT codes 99307-99310. The place of service should be 02 or 32 and the modifier should be 95 or GT.
 - **Initial care nursing facility visits:** Use CPT codes 99304-99306. The place of service is 32. The modifier should be 95.
- **Annual wellness visits** are now available through virtual visits. You should submit a claim to Florida Blue using CPT codes G0402, G0438 or G0439. The place of service should be 02 and the modifier should be 95 or GT.
- **Audio-only visits.** CMS is temporarily allowing audio-only visits if video capability is not available. Visits provided consistently with CMS guidelines will be covered for Medicare Advantage members.
- **Florida Blue continues to explore other services related to virtual visits.** We'll keep you updated as new information is available.

Prescription Drugs

- We're providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan).
- Members are encouraged to use the 90-day mail order benefit.

Additional Services

- In partnership with New Directions Behavioral Health, members experiencing stress related to COVID-19 can talk to specially trained behavioral health counselors at no cost via a 24/7 toll-free help line at 833-848-1762. Further referrals from these hotline calls will be covered per the member's normal benefits/cost shares. Counselors will not be able to assist with questions about COVID-19 testing or treatment, so members should call Florida Blue at the number on the back of their member ID card for help with those questions.

Commercial / Affordable Care Act (ACA) Members

- **Medical Test, Office Visits and Related Services**
 - The medical test for COVID-19 is available at no cost to our members.
 - Office visits and related services that result in an order for the COVID-19 test are at no cost to our members.
 - Testing is currently provided at no cost by state and federal health authorities.
 - If testing is provided by independent labs or physician offices, the member's cost share for **these tests only** will be waived. The appropriate codes for COVID-19 testing are HCPCS codes U0001 and U0002 and CPT code 87635.
- **COVID-19 Medical Treatment**
 - Through June 1, we're waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment. This includes in-patient and observation hospital admissions.

- **Note:** This policy may not apply for self-funded ASO employer customers. Florida Blue is working with these customers to determine how they would like us to administer the benefits under their plan.
- **Authorizations/Prior Approvals for Post-Acute Care**
 - To help hospitals accelerate appropriate discharges and support bed capacity, Florida Blue is waiving prior authorization requirements for patients being transferred from inpatient acute hospital settings to post-acute care facilities (Long Term Acute Care Facilities, Skilled Nursing Facilities and Inpatient Rehabilitation). Post-acute care facilities are still required to notify Florida Blue of an admission by the end of the following business day. This timely notification and review is still required to determine medical necessity of continued stay and ensure Florida Blue can assist with discharge planning for its members.
 - For **in-network providers**, normal business processes for notification apply:
 - Notification can be entered and verified electronically through Availity^{®1}.
 - Fax any available clinical records including history and physical, labs, current medications, prior level of function, therapy notes and discharge plan to 305-716-2731.
 - For **out-of-network providers**:
 - Providers who are unable to submit notification of admission through Availity should fax their request to 305-716-2731. The provider must include the following information on the fax cover sheet:
 - Name of Skilled Nursing Facility, Long Term Acute Care Hospital or Inpatient Rehabilitation Facility, NPI number, address, phone number and fax number
 - Attending physician complete name and NPI number, address, phone and fax number
 - ICD-10 code(s)
 - Admission date
 - Any available clinical records including history and physical, labs, current medications, prior level of function, therapy notes and discharge plan
- **Telemedicine and Teladoc[®].** During the COVID-19 crisis, members are encouraged to take advantage of virtual visit options for less serious medical issues to limit the spreading of COVID-19. Members can access virtual visits in two ways:
 - **Option 1: Teladoc**
 - Many members have access to Teladoc virtual visits.
 - Teladoc visits are at no cost to members through Florida Blue.
 - [Click here](#) to find the Teladoc information members received from us.
 - **Note:** For self-insured employer groups, it is at their discretion whether they offer this coverage and what the member's cost share will be.
 - **Option 2: Telemedicine**
 - In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually.
 - The virtual visit will be in effect for the next 90 days and reimbursement will be based on your current fee schedule. Florida Blue will assess any potential extension to this timeframe and update you as needed.
 - The member will be responsible for their normal office visit cost share for this virtual visit.
 - For **in-network general medical care**, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be 02 and the modifier should be 95 or GT.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit availity.com. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. 100864 0420

- For **in-network outpatient professional behavioral health providers**, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule with a place of service 02 and the modifier should be 95 or GT.
- **Expanding virtual visits.** The expansion of the additional services for virtual visits will be in effect for the next 90 days. Florida Blue will assess any potential extension to this timeframe and update you as needed.
 - **In-network behavioral health outpatient facilities** performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. **You should submit a claim to Florida Blue using the applicable revenue code and HCPCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S0201 – the modifier should be 95 or GT). There are no changes to the locator 4 Type of Bill. Continue to use the code that is currently being used by your facility.** Notification or authorization for services are required and the member's cost share will apply. If you have an existing authorization the authorization does not need to be modified and will apply based on the number and type of visits/units already authorized. Reimbursement will be based on your current fee schedule.
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 - **Initial care nursing facility visits:** Use CPT codes 99304-99306. The place of service is 32. The modifier should be 95.
 - **Audio-only visits.** Florida's telehealth statute does not permit audio-only visits, and no guidance has been given to expand the definition of telehealth at this time. **We are monitoring for any changes or new guidance that may be issued. We'll let you know if anything changes.**
- **Florida Blue continues to explore other services related to virtual visits.** We'll keep you updated as new information is available.

Prescription Drugs

- We're providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan).
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Federal Employee Program (FEP) Members

- Prior authorizations are waived for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.
- Copays or deductibles are waived for diagnostic tests or treatments that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.
- Copays are waived for all telehealth services provided by Teladoc. If the member chooses to see a provider who is not in the Teladoc network, they will be responsible for their normal office visit cost share for the virtual visit.
- FEP members should consult their pharmacy benefit manager for questions related to their prescription medications.
- For more information, please visit fepblue.org.

Additional Resources

COVID-19 Provider News and Announcements Repository

[Click here](#) for the latest coronavirus information for providers on floridablue.com including current and past communications, additional resources and more.

COVID-19 Provider Billing Guidelines

We've established billing guidelines for our Commercial, Affordable Care Act (ACA), Medicare Advantage and Federal Employee Program[®] (FEP) lines of business. To ensure proper, timely reimbursement, please submit claims using these guidelines. **Note:** Please check these guidelines often as they will be updated on a regular basis. These remain in effect until further notice. [Click here](#) and select *COVID-19 Provider Billing Guidelines*.