



COVID-19 Update as of Sept. 11, 2020

As we move forward during the COVID-19 pandemic, 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 changes, we continue to make process updates for our Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Federal Employee Program® (FEP) and Truli for Health lines of business.

During the COVID-19 pandemic, the processes noted below remain in effect until further notice. We will keep you informed as information changes. **Note:** For easy reference, new updates are noted in “red” throughout the communication.

COVID-19 Provider Billing Guidelines

To help you, we have created billing guidelines in response to COVID-19. To ensure proper, timely reimbursement, please submit claims using these guidelines. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated.

Note: Please check these guidelines often as they will be updated as needed. These remain in effect until further notice. [Click here](#) and select *COVID-19 Provider Billing Guidelines*.

Florida Blue COVID-19 Provider Information Web Page

[Click here](#) to find coronavirus information for providers on floridablue.com including current and past communications, billing guidelines, frequently asked questions, forms, support resources, additional resources and more.

Administrative Updates for All Lines of Business (Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Truli for Health)

Service / Benefit	Description	Dates
Availity	Availity ^{®1} transaction results may not reflect the temporary processes and claim adjudication decisions related to COVID-19. Please follow the processes noted below specific to COVID-19 and continue to use Availity for normal eligibility and benefits information.	N/A
BlueCard[®]	Please continue to follow the normal business processes to verify eligibility, benefits and authorization requirements.	N/A

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Administrative Updates for All Lines of Business cont'd.

Service / Benefit	Description	Dates
Claims	<ul style="list-style-type: none"> ▪ To help our members and employer groups during COVID-19, we are giving them more time to pay their premiums. We are not denying claims for members or groups that are delinquent at this time. Instead, we are pending claims and giving them more time to pay their premiums. While claim payments may take a little longer than normal, this should result in fewer claims that are denied for delinquency or termination. You can check the status of a claim using the self-service tools on availity.com. If a claim is being held because of premium delinquency, the claim status in Availity will show as: <i>Pending/payer administrative system hold or awaiting benefit determination</i>. ▪ We are closely monitoring all COVID-19 related claims to make sure they have processed accurately based on the information included in our billing guidelines. If you have a claim that has not processed accurately, please follow the standard process to request a claim review. 	March 24 through July 31, 2020
Credentialing	<ul style="list-style-type: none"> ▪ Locum tenens temporary policy modification. In most situations, participating providers who need to expand their rosters to provide coverage during the COVID-19 pandemic can use our locum tenens policy. This allows a provider to identify and authorize care for their patients by another provider. <ul style="list-style-type: none"> ○ Under National Committee for Quality Assurance (NCQA) guidelines, a covering practitioner falls under locum tenens and no credentialing is required. ○ In accordance with Florida Department of Health Emergency Order 20-002, a locum tenens provider can be licensed in a state other than Florida, as long as the requirements set by Florida for such providers are met. ○ Please refer to the <i>Substitute Physicians</i> section on page 5 of the Florida Blue Manual for Physicians and Providers (billing guidelines) for proper coding of locum tenens claims. 	Started April 1, 2020 and was expanded to 180 days during this emergency. Could be amended by state and federal regulatory bodies.
New Directions Behavioral Health Helpline	<p>In partnership with New Directions Behavioral Health, members, providers and their staff experiencing stress related to COVID-19 can talk to specially trained bilingual behavioral health counselors at no additional cost via a 24/7 toll-free helpline 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 us at the number on the back of their member ID card for help with those questions.</p>	Until further notice

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Medicare Advantage Updates

Service / Benefit	Description	Dates
Prescription Drugs	<ul style="list-style-type: none"> ▪ We are 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. ▪ While there are currently no FDA-approved vaccines or medications for the outpatient treatment of COVID-19, if FDA-approved treatments become available, we will also cover them for our members for whom we provide prescription drug coverage. 	March 9, 2020 through the end of the Federal public health emergency
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.	Through the end of the Federal public health emergency
Out-of-Network Providers	If a medically necessary service (including labs) 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.	Through the end of the Federal public health emergency
Medical Test, Testing-Related Visits and Related Services	<ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. ▪ In some situations, testing for COVID-19 may be provided at no cost by state and federal health authorities. ▪ Serology Testing. Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: <ul style="list-style-type: none"> ○ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. 	Through the end of the Federal public health emergency

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select <i>COVID-19 Provider Billing Guidelines</i>. ▪ Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	
Medical Test, Testing-Related Visits and Related Services cont'd.	<ul style="list-style-type: none"> ▪ Additional visit information. While we have already been waiving some member cost shares related to COVID-19, we are waiving additional member cost shares regardless of whether it is related to COVID-19. This is in effect for the following: <ul style="list-style-type: none"> ○ In-network primary care visits (office and telemedicine). ○ In-network behavioral health visits (office, outpatient and telemedicine). ○ This is in addition to the \$0 cost share for general medicine visits through Teladoc®. 	June 1 through Dec. 31, 2020
Medical Test, Testing-Related Visits and Related Services cont'd.	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is Florida Blue's expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Florida Blue does not cover employer requested testing under its health plan benefits. These tests should be covered by the employer. Additionally, Florida Blue does not cover tests in the following situations: <ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. ○ If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments. 	N/A

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
COVID-19 Medical Treatment	<p>We have extended waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment.</p> <ul style="list-style-type: none"> ▪ In-patient and observation hospital admissions will be at \$0 cost share to the member. ▪ All specialist office and outpatient visits will be at \$0 cost share to the member. ▪ Florida Blue medical policy guidelines and the terms of the member's contract still apply. 	Through Dec. 31, 2020
COVID-19 Medical Treatment cont'd.	<ul style="list-style-type: none"> ▪ All primary care treatment, regardless of whether it's related to COVID-19, will be at \$0 cost share to the member. ▪ Florida Blue medical policy guidelines and the terms of the member's contract still apply. 	Through Dec. 31, 2020 unless CMS directs otherwise
Authorizations / Prior Approvals	<p>Already-approved authorizations. Executive Order 20-72, signed by Gov. Ron DeSantis on March 20, prohibited all non-essential elective medical procedures until May 4. If you had an already-approved authorization for an elective procedure or a planned admission prior to March 20, we are extending those authorizations 90 days from when the executive order was lifted on May 4. Providers and members will not need to do anything to receive this extension as our systems will automatically add the extended time. You can check availity.com for the updated timeframes after the order is lifted.</p>	Extended for 90 days from when the executive order was lifted on May 4. Ended Aug. 2, 2020.
Authorizations / Prior Approvals cont'd.	<p>Post-Acute Care</p> <ul style="list-style-type: none"> ▪ CareCentrix manages post-acute care for Florida Blue Medicare members. ▪ To help hospitals accelerate appropriate discharges and support bed capacity, Florida Blue Medicare is changing prior authorization requirements for patients being transferred from patient acute hospital settings to post-acute care facilities (Long Term Acute Care Facilities, Skilled Nursing Facilities and Inpatient Rehabilitation). Post-acute facilities are still required to notify Florida Blue of an admission. The first three days of post-acute facility admissions will be automatically approved. The facility must notify CareCentrix of the admission by the end of the calendar day after admission. CareCentrix will review the admission by the third day. This timely notification and review are still required to determine medical necessity of continued stay and ensure Florida Blue can assist with discharge planning for its members. ▪ If post-acute care is not available from an in-network provider, facilities may seek care from an out-of-network provider and claims will process at the in-network benefit. ▪ For in-network and out-of-network providers, follow the normal business process which includes these three options: <ul style="list-style-type: none"> ○ 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 	Through Nov. 3, 2020

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<p>returned within one hour.</p> <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ▪ Additional information and resources are available on the CareCentrix HomeBridge portal at www.carecentrixportal.com. 	
Teladoc	<ul style="list-style-type: none"> ▪ All Medicare Advantage members have access to Teladoc virtual visits. ▪ Teladoc visits are at \$0 cost share to members through Florida Blue. ▪ Click here to find the Teladoc information members received from us. 	Through Dec. 31, 2020 unless CMS directs otherwise
Telemedicine	<ul style="list-style-type: none"> ▪ 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. ▪ For the appropriate codes and more detailed information, please see below and refer to the COVID-19 Provider Billing Guide. Click here and select <i>COVID-19 Provider Billing Guidelines</i>. 	
Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ In-network primary care and behavioral health providers: <ul style="list-style-type: none"> ○ The virtual visit reimbursement will be based on your current fee schedule. ○ Virtual visits are at \$0 cost share to the member. 	Through Dec. 31, 2020 unless CMS directs otherwise
Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ In-network specialists: <ul style="list-style-type: none"> ○ The virtual visit reimbursement will be based on your current fee schedule. ○ The member will be responsible for their normal office visit cost share for this virtual visit. 	Through the end of the Federal public health emergency
Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ 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 the regular place of service as if you saw the patient in-person. 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. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	N/A

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ Expanding virtual visits. We have expanded additional services for virtual visits. <ul style="list-style-type: none"> ○ 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 provided as a virtual visit. Many CareCentrix home health services can be provided virtually by a CareCentrix network home health provider, including the initial assessment performed by an RN and standard services provided by an 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. When an order for home health services is appropriate for virtual visits based on the CareCentrix clinical criteria, the care will be offered through a virtual visit unless the order indicates that home health services must be in-person or the patient refuses the virtual visit. If an in-person home health visit must occur, please specify "in-person" on the order, otherwise CareCentrix will coordinate the care as a virtual visit. 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 with in-network providers. You should submit a claim to Florida Blue with the following: <ul style="list-style-type: none"> • Initial care nursing facility visits: Use CPT codes 99304-99306. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95. • Subsequent care nursing facility visits: Use CPT codes 99307-99310. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	Through the end of the Federal public health emergency

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ○ Annual wellness visits are now available through virtual visits with in-network providers. You should submit a claim to Florida Blue using CPT codes G0402, G0438 or G0439. The place of service should be the regular place of service as if you saw the patient in-person. 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. ○ Physical, Occupational and Speech Therapy visits are available through virtual visits with in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health care professionals through interactive technology. Benefits will be processed in accordance with the member's plan. This change is effective for dates of service beginning March 15. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	

Florida Blue Commercial / Affordable Care Act (ACA) Updates

Prescription Drugs	<ul style="list-style-type: none"> ▪ We are 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. ▪ While there are currently no FDA-approved vaccines or medications for the outpatient treatment of COVID-19, if FDA-approved treatments become available, we will also cover them for our members for whom we provide prescription drug coverage. 	<p style="color: red;">March 9, 2020 through the end of the Florida State of Emergency which is extended through Nov. 3, 2020</p>
Medical Test, Testing-Related Visits and Related Services	<ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. ▪ In some situations, testing for COVID-19 may be provided at no cost by state and federal health authorities. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the 	<p>Through the end of the Federal public health emergency</p>

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	<p>member's cost share for these tests only will be waived.</p> <ul style="list-style-type: none"> ▪ Serology Testing. Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: <ul style="list-style-type: none"> ○ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select <i>COVID-19 Provider Billing Guidelines</i>. ▪ Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	
<p>Medical Test, Testing-Related Visits and Related Services cont'd.</p>	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is Florida Blue's expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Florida Blue does not cover employer requested testing under its health plan benefits. These tests should be covered by the employer. Additionally, Florida Blue does not cover tests in the following situations: <ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. ○ If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments. 	<p>N/A</p>

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

<p>COVID-19 Medical Treatment</p>	<ul style="list-style-type: none"> ▪ We have extended 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. Florida Blue medical policy guidelines and the terms of the member’s contract still apply. ▪ Note: This policy may not apply to 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. 	<p>Through Dec. 31, 2020</p>
<p>Authorizations / Prior Approvals</p>	<p>Already-approved authorizations. Executive Order 20-72, signed by Gov. Ron DeSantis on March 20, prohibited all non-essential elective medical procedures until May 4. If you had an already-approved authorization for an elective procedure or a planned admission prior to March 20, we are extending those authorizations 90 days from when the executive order was lifted on May 4. Providers and members will not need to do anything to receive this extension as our systems will automatically add the extended time. You can check availity.com for the updated timeframes after the order is lifted.</p>	<p>Extended for 90 days from when the executive order was lifted on May 4. Ended Aug. 2, 2020.</p>
<p>Authorizations / Prior Approvals cont'd.</p>	<p>Post-Acute Care</p> <ul style="list-style-type: none"> ▪ To help hospitals accelerate appropriate discharges and support bed capacity, Florida Blue is changing 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 are still required to determine medical necessity of continued stay and ensure Florida Blue can assist with discharge planning for its members. <ul style="list-style-type: none"> ○ For in-network providers, normal business processes for notification apply: <ul style="list-style-type: none"> • Notification can be entered and verified electronically through Availity. • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Name of Skilled Nursing Facility, Long Term Acute Care Hospital or Inpatient Rehabilitation Facility, NPI number, address, phone number and fax number 	<p>Through Nov. 3, 2020</p>

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	<ul style="list-style-type: none"> ○ 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 	
Teladoc	<ul style="list-style-type: none"> ▪ Many members have access to Teladoc virtual visits. ▪ Teladoc visits are at \$0 cost share 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. 	Through Dec. 31, 2020
Telemedicine	<p>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. For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select <i>COVID-19 Provider Billing Guidelines</i>.</p> <ul style="list-style-type: none"> ▪ In-network primary care providers and specialists: <ul style="list-style-type: none"> ○ The virtual visit reimbursement will be based on your current fee schedule. ○ Member will be responsible for their normal office visit cost share for this virtual visit. ▪ In-network behavioral health providers: <ul style="list-style-type: none"> ○ The virtual visit (office and outpatient) reimbursement will be based on your current fee schedule. ○ Virtual visits are at \$0 cost share to the member. ▪ 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. We have expanded additional services for virtual visits. <ul style="list-style-type: none"> ○ 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 – 	Through Dec. 31, 2020

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	<p>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.</p> <ul style="list-style-type: none"> ○ 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 provided as a virtual visit. Many CareCentrix home health services can be provided virtually by a CareCentrix network home health provider, including the initial assessment performed by an RN and standard services provided by an 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. When an order for home health services is appropriate for virtual visits based on the CareCentrix clinical criteria, the care will be offered through a virtual visit unless the order indicates that home health services must be in-person or the patient refuses the virtual visit. If an in-person home health visit must occur, please specify "in-person" on the order, otherwise CareCentrix will coordinate the care as a virtual visit. 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 with in-network providers. You should submit a claim to Florida Blue with the following: <ul style="list-style-type: none"> ● 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 available through virtual visits with in-network providers. You should submit a claim to Florida Blue using the standard annual wellness CPT codes, with place of service 02 and modifier GT or 95. ○ Physical, Occupational and Speech Therapy visits are available through virtual visits with in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health care professionals through interactive technology. Benefits will be processed in accordance with the member's plan. This change is effective for dates of service beginning March 15. The place of service should be 02 and the modifier should be 95 or GT. 	
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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ Expanding virtual visits cont'd. <ul style="list-style-type: none"> ○ Audio-only virtual visits. Florida Blue is temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered. 	March 9, 2020 through the end of the Florida State of Emergency which is extended through Nov. 3, 2020
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Truli for Health Updates

Service / Benefit	Description	Dates
Prescription Drugs	<ul style="list-style-type: none"> ▪ We are 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. ▪ While there are currently no FDA-approved vaccines or medications for the outpatient treatment of COVID-19, if FDA-approved treatments become available, we will also cover them for our members for whom we provide prescription drug coverage. 	March 9, 2020 through the end of the Florida State of Emergency which is extended through Nov. 3, 2020
Medical Test, Testing-Related Visits and Related Services	<ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. ▪ In some situations, testing for COVID-19 may be provided at no cost by state and federal health authorities. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. ▪ Serology Testing. We will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: <ul style="list-style-type: none"> ○ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. 	Through the end of the Federal public health emergency

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Truli for Health Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ Reminder: Refer your patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	
<p>Medical Test, Testing-Related Visits and Related-Services cont'd.</p>	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Pre-procedure testing will be covered when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is our expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Employer requested testing is not covered under the employer's health plan benefits. These tests should be covered by the employer. Additionally, we do not cover tests in the following situations: <ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. ○ If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments. 	<p>N/A</p>
<p>COVID-19 Medical Treatment</p>	<ul style="list-style-type: none"> ▪ We have extended 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. Our medical policy guidelines and the terms of the member's contract still apply. 	<p>Through Dec. 31, 2020</p>

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Truli for Health Updates cont'd.

Service / Benefit	Description	Dates
Teladoc	<ul style="list-style-type: none"> ▪ Teladoc virtual visits are included as a standard member benefit. ▪ Please use Availity for normal eligibility and benefits information. 	N/A
Telemedicine	<ul style="list-style-type: none"> ▪ In-network primary care and behavioral health providers. <ul style="list-style-type: none"> ○ Virtual visits are included as a standard member benefit. ○ Please use Availity for normal eligibility and benefits information. 	N/A
Telemedicine (cont'd)	<ul style="list-style-type: none"> ▪ In-network specialists: <ul style="list-style-type: none"> ○ The virtual visit reimbursement will be based on your current fee schedule. ○ Members will be responsible for their normal office visit cost share for this virtual visit. 	Through Dec. 31, 2020
Telemedicine cont'd.	<ul style="list-style-type: none"> ▪ Expanding virtual visits cont'd. <ul style="list-style-type: none"> ○ Audio-only virtual visits. We are temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered. 	March 9, 2020 through the end of the Florida State of Emergency which is extended through Nov. 3, 2020

Federal Employee Program (FEP) Updates

Service / Benefit	Description	Dates
Prior Authorizations	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.	Effective until further notice
Tests and Treatment	<ul style="list-style-type: none"> ▪ Copays or deductibles are waived for diagnostic tests or treatments that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ Serology Testing. Serology (antibody) testing will be covered at \$0 cost share to the member if the test and associated office visit are on the same claim or the claim has one of 	Effective until further notice

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Federal Employee Program (FEP) Updates cont'd.

Service / Benefit	Description	Dates
	<p>the COVID-19 diagnosis codes listed in the COVID-19 Provider Billing Guide.</p> <ul style="list-style-type: none"> ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select <i>COVID-19 Provider Billing Guidelines</i>. 	
Telemedicine and Teladoc	<p>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.</p>	Effective until further notice
Prescription Drugs	<ul style="list-style-type: none"> ▪ We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). ▪ We are eliminating member cost share for prescriptions up to a 30-day supply when it is part of their treatment for COVID-19. ▪ Members are encouraged to use the 90-day mail order benefit. ▪ We are ensuring formulary flexibility if there are medication shortages or access issues. Patients will not be responsible for additional charges when getting non-preferred medication when a formulary drug is not available. ▪ For additional information or questions, FEP members should consult their pharmacy benefit manager related to their prescription medications. 	Effective until further notice
<p>For more information regarding FEP, please visit fepblue.org.</p>		

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