

COVID-19 Update as of June 18, 2020

In response to the coronavirus disease (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 is changing, we are continuing to make process updates for our Commercial, Affordable Care Act (ACA), Medicare Advantage and Federal Employee Program® (FEP) 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

We have 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. 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*.

COVID-19 Provider Information Web Page

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

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

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 allowing 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 availability.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 the end of June 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 and could be amended by state and federal regulatory bodies
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 public health emergency which is July 7, 2020

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Administrative Updates for All Lines of Business cont'd.

Service / Benefit	Description	Dates
New Directions Behavioral Health Helpline	In partnership with New Directions Behavioral Health, members 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 Florida Blue at the number on the back of their member ID card for help with those questions.	Until further notice

Medicare Advantage Updates

Service / Benefit	Description	Dates
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 public health emergency which is July 7, 2020
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 public health emergency which is July 7, 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. ▪ 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. ▪ 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. 	Through the end of the public health emergency which is July 7, 2020

Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
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
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 Aug. 1, 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
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, 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 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. 	<p>Through June 30, 2020</p> <p>Beginning July 1 we will return to normal business processes</p>

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ▪ 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 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. 	
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
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.	
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
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 public health emergency which is July 7, 2020
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. 	N/A

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ▪ 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. 	
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. 	Through the end of the public health emergency which is July 7, 2020

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Medicare Advantage Updates cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"> ○ 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. ▪ 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. 	
Telemedicine cont'd.	<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>. 	N/A

Commercial / Affordable Care Act (ACA) Updates

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 situation, testing for COVID-19 may be provided at no cost by state and federal health authorities. ▪ 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. 	Through the end of the public health emergency which is July 7, 2020
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Commercial / Affordable Care Act (ACA) Updates cont'd.

	<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>. ▪ 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>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 Aug. 1, 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, 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 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. <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. 	<p>Through June 30, 2020</p> <p>Beginning July 1 we will return to normal business processes</p>

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

	<ul style="list-style-type: none"> ○ 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 ○ 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 Aug. 1, 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.</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. ○ The 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. 	Through Aug. 1, 2020

Commercial / Affordable Care Act (ACA) Updates 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"> • 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. 	
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Commercial / Affordable Care Act (ACA) Updates cont'd.

	<ul style="list-style-type: none"> ○ 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. 	
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. 	Through the end of the public health emergency which is July 7, 2020
Telemedicine cont'd.	<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>. 	N/A

Federal Employee Program (FEP)

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	Copays or deductibles are waived for diagnostic tests or treatments that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.	Effective until further notice
Telemedicine and Teladoc	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.	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. 	Effective until further notice

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Federal Employee Program (FEP) cont'd.

Service / Benefit	Description	Dates
	<ul style="list-style-type: none"><li data-bbox="447 220 1703 285">▪ For additional information or questions, FEP members should consult their pharmacy benefit manager related to their prescription medications.	
For more information regarding FEP, please visit fepblue.org .		