

Information from Anthem for Care Providers about COVID-19 (Updated October 9, 2020)

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Please note that the following information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for details about these plans.

Commercial: [Provider News Home](#)

Medicaid: [Medicaid Provider News - COVID-19](#)

Medicare: [Medicare Advantage Provider News Archives](#)

Anthem is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Anthem has developed the following updates and frequently asked questions.

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Update Summary

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

Anthem's affiliated health plans will waive cost shares for our fully-insured employer, individual, Medicare and Medicaid plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits and services during the visit associated with the COVID-19 test, including telehealth visits. Anthem looks for the CS modifier to identify visits and services leading to COVID-19 testing. This modifier should be used for evaluation and testing services in any place of service 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 you get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Telehealth (video + audio)

For COVID-19 treatments via telehealth visits, Anthem's affiliated health plans will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through December 31, 2020.

Effective from March 17 through September 30, 2020, Anthem's affiliated health plans will waive member cost shares for telehealth visits from in-network providers, including visits for mental health or substance use disorders, for our fully-insured employer plans, and individual plans. From March 17 through Dec. 31, 2020, Anthem will waive member cost shares for telehealth visits from in-network providers, including visits for mental health and substance use disorders, for our Medicare Advantage and Medicaid plans, where permissible.

For out-of-network providers, Anthem is waiving cost shares from March 17 through June 14, 2020. Cost sharing will be waived for members using Anthem's authorized telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Telephonic-only care

Effective from March 19 through December 31, 2020, Anthem's affiliated health plans 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 our fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Prescription Coverage

Anthem's affiliated health plans are also providing coverage for members to have an extra 30-day supply of medication on hand and, we are encouraging that when member plans allow that they switch from 30-day home delivery to 90-day home delivery.

Frequently Asked Questions

Anthem's actions

What is Anthem doing to prepare?

Anthem's affiliated health plans are committed to help provide increased access to care, while eliminating costs and help alleviate the 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 the commitment of Anthem's affiliated health plans to remove barriers for their members and support communities through this unprecedented time.

Anthem's affiliated health plans 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.

Anthem is waiving:

- cost-sharing for the treatment of COVID-19 from April 1 through December 31, 2020 for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.
- cost-sharing for COVID-19 diagnostic tests as deemed medically necessary by a health care clinician who has made an assessment of a patient, including serology or antibody tests, for members of our employer-sponsored, individual, Medicare and Medicaid plans. Cost share waiver extends to the end of the public health emergency.
- cost-sharing for visits and services during the visit to get the COVID-19 diagnostic test, beginning March 18 for members of our employer-sponsored, individual, Medicare and Medicaid plans. Cost share waiver extends to the end of the public health emergency.
- cost-sharing for telehealth in-network visits from March 17 through September 30, 2020, including visits for behavioral health, for our fully-insured employer, individual plans, and where permissible, Medicaid. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

- cost-sharing for telehealth in-network visits from March 17 through December 31, 2020, including visits for behavioral health, for our Medicare Advantage plans.
- cost-sharing for telephonic-only in-network visits from March 19 through December 31, 2020 for fully-insured employer-sponsored, individual, Medicare and Medicaid plans. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.
- cost-sharing for USPSTF or CDC approved vaccines when they become available.

The cost-sharing waiver includes copays, coinsurance and deductibles.

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

How is Anthem monitoring COVID-19?

Anthem 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 team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention to help us determine what, if any, action is necessary on our part to further support our stakeholders.

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

Anthem's 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 Anthem's Virtual Command Center for Emergency Management command, control and communication.

In addition, Anthem 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.

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

Anthem 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 that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Anthem's telehealth provider, [LiveHealth Online](#), is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

COVID-19 testing

When member cost sharing has been waived (where permissible) by Anthem 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?

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

How is Anthem 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 Anthem. As we announced on March 6, Anthem will waive cost shares for members of our fully insured employer-sponsored, individual, Medicare, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

How is Anthem 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, Anthem 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 Anthem. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Anthem inclusive of member cost share amounts waived by Anthem. As we announced on March 6, Anthem will waive cost shares for members of our fully-insured employer-sponsored, individual, Medicare, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

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

Anthem will waive member cost shares for COVID-19 lab tests performed by participating and non-participating providers. This is applicable for our employer-sponsored, individual, Medicare and Medicaid plan members.

What codes would be appropriate for COVID-19 lab testing?

Anthem is encouraging providers to bill with codes U0001, U0002, U0003, U0004, 86328, 86769, or 87635 based on the test provided.

Virtual, telehealth and telephonic care

Will Anthem cover telephonic-only services in addition to telehealth via video + audio?

Anthem does not cover telephonic-only services today (with limited state exceptions) but we are providing this coverage effective from March 19 through December 31, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for Plan members during extended periods of social distancing. Anthem will cover telephonic-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

What member cost-shares will be waived by Anthem's affiliated health plans for virtual care through internet video + audio or telephonic-only care?

For COVID-19 treatments via telehealth visits, Anthem's affiliated health plans will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through December 31, 2020.

Effective from March 17 to September 30, 2020, Anthem's affiliated health plans will waive member cost share for telehealth (video + audio) in-network provider visits, including visits for behavioral health, for our fully-insured employer plans and individual plans. From March 17 through Dec. 31, 2020, Anthem will waive member cost shares for telehealth visits from in-network providers, including visits for mental health and substance use disorders, for our Medicare Advantage and Medicaid plans, where permissible. For out-of-network providers, Anthem is waiving cost shares from March 17 through June 14, 2020. Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in

Effective from March 19, through December 31, 2020, Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Is Anthem’s vendor, LiveHealth Online, prepared for the number of visits that will increase to telehealth?

As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability and stands ready to have doctors available to see the increase in patients, while maintaining reasonable wait times.

What codes would be appropriate to consider for a telehealth visit?

For telehealth services rendered by a professional provider, report the CPT/HCPCS code with Place of Service “02” and also append either modifier 95 or GT.

For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.

What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?

Telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) “02” and modifier 95 or GT would be appropriate for our fully-insured employer, individual, Individual, Medicare Advantage plans and Medicaid plans, where permissible:

- Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168
- PT/OT treatment codes 97110, 97112, 97530, and 97535
- Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524
- ST treatment codes 92507, 92526, 92606, and 92609

PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533, and 97537-97546.

What codes would be appropriate to consider for a telephonic-only visit with a patient who wants to receive health guidance during the COVID-19 crisis?

Submit with the correct time-based CPT code (99441, 99442, 99443, 98966, 98967, 98968) and the place of service code that depicts where the provider's telephonic-only services occurred.

How does a provider submit a telehealth visit with an existing patient that lives in a bordering state?

For providers (e.g., in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective from March 17 through December 31, 2020, you may submit your telehealth claim using the primary service address where you would have normally seen the member for the face-to-face visit.

What is the best way that providers can get information to Anthem's members on Anthem's alternative virtual care offerings?

Anthem.com and Anthem's COVID-19 site (<https://www.anthem.com/blog/member-news/how-to-protect/>) are great resources for members with questions and are being updated regularly.

Anthem members have access to telehealth 24/7 through LiveHealth Online. Members can access LiveHealth Online at <https://livehealthonline.com/> or by downloading the LiveHealth Online app from the App Store or Google Play.

Anthem members also can call the Anthem 24/7 NurseLine at the number listed on their Anthem ID card to speak with a registered nurse about health questions.

Coding, billing, and claims

Does Anthem 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 for services where a member's cost shares are waived?

The CDC has provided coding guidelines related to COVID-19:

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

What modifier is appropriate to waive member cost sharing for COVID-19 testing and visits related to testing?

CMS has provided the Medicare guideline to use the CS modifier:

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-10-mlnc-se>.

Anthem also looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for COVID-19 evaluation and testing services in any place of service.

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

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

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Anthem of the new temporary address(es)?

Providers do not need to notify Anthem of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with your current tax ID number.

Other

Do the guidelines contained in this FAQ apply to members enrolled in the Anthem affiliated health plans in states living in another BCBS Plan's service area?

Anthem's guidelines apply to Anthem's affiliated health plan's membership (members with Anthem ID cards) wherever they reside, except where prohibited by law or local emergency guidelines. Each BCBS Plan may have different guidelines that apply to members of other Blue plans. Providers should continue to verify an individual's eligibility and benefits prior to rendering services.

Do these guidelines apply to members enrolled in the Federal Employee Program (FEP®) through the Federal Employees Health Benefits Program?

Where permissible, these guidelines apply to FEP members. For the most up-to-date information about the changes FEP is making, go to <https://www.fepblue.org/coronavirus>.

What financial assistance is available for care providers during the COVID-19 crisis?

The CARES Act provides financial relief to lessen the impact of the COVID-19 crisis. Included in the law are new resources to address the economic impact of COVID-19 on employers of all sizes. The Act expands existing federal loan programs, creates new tax credits, postpones employment tax payments, and includes additional tax relief. To help care providers navigate the resources available to them, Anthem has compiled information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found here: [Federal Resources Available for Care Providers and Employers in the Federal CARES Act](#).

Are you aware of any limitations in coverage for treatment of an illness/virus/disease 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.

Please contact your network representative if you have questions or need additional information.

Please note that the above information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for details about these plans.

Commercial: [Provider News Home](#)

Medicaid: [Medicaid Provider News - COVID-19](#)

Medicare: [Medicare Advantage Provider News Archives](#)

URL: <https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10>

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