Wisconsin Provider News

COVID-19 Information - Wisconsin

Important COVID-19 update: Prior authorization and other policy adjustments (Updated January 13, 2021)

Published: Jan 13, 2021 - **Administrative**

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

COVID-19 Update: Anthem updates guidance on prior authorization requirements and other policy adjustments in response to unprecedented demands on health care providers

Anthem recognizes the intense demands facing doctors, hospitals and health care providers in the face of the COVID-19 crisis. Unless otherwise required under State and Federal mandates, Anthem health plans is making adjustments to assist providers in caring for members. These adjustments apply to members of all lines of business except as noted below, including self-insured plan members and in-network and out-of-network providers, where permissible.

Medicare adjustments and suspensions may have different timeframes or changes where required by federal law.

Where permissible, these guidelines apply to Federal Employee Plan (FEP®) members. For the most up-to-date information about the changes FEP is making, go to https://www.fepblue.org/coronavirus.

Inpatient and respiratory care

- **Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective November 23, 2020 through January 31, 2021.** These adjustments apply for our fully-insured and self-funded employer, individual, Medicare and Medicaid plan members receiving care from in-network providers. While prior authorization is not required, we continue to require notification of the admission via the usual channels and clinical records on day two of admission to aid in

our members' care coordination and management. Anthem reserves the right to audit patient transfers.

- **Prior authorization requirements suspended for patient transfers through May 30, 2020.** Prior authorization will be waived for patient transfers from acute IP hospitals to skilled nursing facilities, rehabilitation hospitals, long-term acute care hospitals, and Behavioral Health residential/intensive outpatient/partial hospitalization programs, and to home health including ground transport in support of those transfers. Although prior authorization is not required, Anthem requests voluntary notification via the usual channels to aid in our members' care coordination and management.
- **Extending the length of time a prior authorization issued on or before May 30, 2020, is in effect** for elective inpatient and outpatient procedures to 180 days. This will help prevent the need for additional outreach to Anthem to adjust the date of service covered by the authorization.
- **Concurrent review for discharge planning** will continue unless required to change by federal or state directive.
- **Prior authorization requirements are suspended for COVD-19 Durable Medical Equipment** including oxygen supplies, respiratory devices, continuous positive airway pressure (CPAP) devices, non-invasive ventilators, and multi-function ventilators for patients who need these devices for COVID-19 treatment, along with the requirement for authorization to exceed quantity limits on gloves and masks.
- **Respiratory services** for acute treatment of COVID-19 will be covered. Prior authorization requirements are suspended where previously required.

COVID-19 testing

Laboratory tests for COVID-19 at both in-network and out-of-network laboratories will be covered with no cost sharing for members.

Claims audits, retrospective review, peer to peer review and policy changes

Anthem will adjust the way we handle and monitor claims to ease administrative demands on providers:

- **Hospital claims audits** requiring additional clinical documentation will be limited through June 24, 2020, though Anthem reserves the right to conduct retrospective reviews on these findings with expanded lookback recovery periods for all lines of business except

Medicare. To assist providers, Anthem can offer electronic submission of clinical documents through the provider portal.

- **Retrospective utilization management review** will also be suspended through June 24, 2020, and Anthem reserves the right to conduct retrospective utilization management review of these claims when this period ends and adjust claims as required.
- **Suspend peer to peer reviews** through June 24, 2020, except where required pre-denial per operational workflow or where required by State during this time period for all lines of business except Medicare.
- **Our Special Investigation programs** targeting provider fraud will continue, as well as other program integrity functions that help ensure payment accuracy.

Otherwise, Anthem will continue to administer claims adjudication and payment in line with our benefit plans and state and federal regulations, including claims denials where applicable. Our timely filing requirements remain in place, but Anthem is aware of limitations and heightened demands that may hinder prompt claims submission.

Provider credentialing

Through June 24, 2020, Anthem will process provider credentialing within the standard 15-18 days even if we are unable to verify provider application data due to disruptions to licensing boards and other agencies. We will verify this information when available.

If Anthem finds that a practitioner fails to meet our minimum criteria because of sanctions, disciplinary action etc., we will follow the normal process of sending these applications to committee review, which will add to the expected 15-18 day average timeline. We are monitoring and will comply with state and federal directives regarding provider credentialing.

Please note that the above information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for future administrative or policy adjustments we may make in response to the COVID-19 changes pandemic.
Commercial: Provider News Home
Medicaid: Medicaid Provider News - COVID-19
Medicare: Medicare Advantage Provider News Archives

174-0121-WP-WI

COVID-19 Update: Guidance for telehealth/telephonic care for Behavioral Health services (Updated January 8, 2021)

Published: Jan 8, 2021 - **Administrative**

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. We have made changes to how behavioral health providers can utilize and be compensated for telehealth (audio + video) and telephonic-only care with their patients.

For general information for care providers about COVID-19, including when and how we are waiving cost sharing, please see Information from Anthem for Care Providers about COVID-19.

To help address care providers' questions regarding Behavioral Health services, Anthem has developed the following frequently asked questions:

How is Anthem approaching the provision of mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, Psychological and Neuropsychological Testing services via telehealth (audio + video) visits?

Anthem is making adjustments in our policy in the provision of these services to address the need for expanded telehealth access. We expect all mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, and Psychological Testing services will still be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including HIPAA compliance and the regulations regarding how substance use information is handled. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for IOP and PHP services using telehealth (audio + video)?
Anthem would recognize IOP and PHP services that are rendered via telehealth with a revenue code (905, 906, 912, 913), plus CPT codes for specific BH services.

Are there any recommendations around the delivery of Partial Hospitalization Program (PHP) level of care using telehealth (audio+ video)?

- PHP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio + video, not solely telephonic (audio only). Telephonic-only interactions are not appropriate for PHP level of care.
- Expectation of telehealth PHP services being delivered includes but is not limited to:
    - Maintain daily psychiatric management and active treatment comparable to that provided in an inpatient setting
    - Ensure full day telehealth PHP program is delivered in the same way as an in – person face to face PHP program, including therapeutically intensive acute treatment within a therapeutic milieu including individual and group therapy
    - Routine discharge processes are followed, including scheduling after care appointments no more than 7 days from a member's discharge from PHP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
    - Group therapy takes place at the same levels as delivered in PHP face to face program
    - Group therapy size should be the same as when PHP program is delivered in-person face to face
    - Clinical assessment of the member takes place once daily
    - Educational and activity therapies are included as indicated on the treatment plan
    - Treatment planning and progress notes documentation of services delivered

- Documentation that services were provided via telehealth (audio +video)
- Protocols in place to address risk behavior and decompensation
- Process in place to respond to crisis for members
- Consent and privacy controls are put in place when patients are participating in group telehealth (audio+ video) sessions
- Protocols in place to address risk behavior and decompensation in the patient's home

- Utilization Management Process for PHP:

  - Providers are expected to follow any required prior authorization and concurrent review process for the PHP authorization process.

Are there any recommendations around the delivery of Intensive Outpatient Program (IOP) level of care using telehealth (audio+ video)?

- IOP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio +video, not solely telephonic. Telephonic-only interactions are not appropriate for IOP level of care.
- Expectation of telehealth IOP services being delivered includes but is not limited to:

  - Maintain timely admittance to the program within one business day of evaluation, along with timely completion of initial treatment plan and discharge plan
  - Ensure telehealth psychiatric management is comparable to face- to- face IOP care.
  - Routine discharge processes are followed, including scheduling after care appointments no more than 7 days from a member's discharge from IOP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
  - Ensure access to multidisciplinary treatment team (eg., clinical master's degree staff; RN; and psychiatrist)
  - Continue to provide daily management and active treatment
  - Maintain a written schedule of program activities
  - Treatment planning and progress notes documentation of services delivered
  - Documentation that services were provided via telehealth (audio +video)

- Protocols in place to address risk behavior and decompensation
- Process in place to respond to crisis for members
- Consent and privacy controls are put in place when patients are participating in group telehealth (audio+ video) sessions

- Utilization Management Process for IOP:

  - Providers are expected to follow any required prior authorization and concurrent review process for the IOP authorization process.

What codes would be appropriate to consider for mental health and substance abuse outpatient services using telehealth (audio + video)?
Anthem would recognize psychiatric diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) and E&M codes (99211-99215) visits within the member's benefits, with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these mental health and substance abuse outpatient telehealth services with place of service (POS) 02 only.

What codes would be appropriate to consider for the delivery of ABA therapy using telehealth (audio + video)?
Anthem would recognize ABA therapy for functional behavior assessment (FBA) (97151) adaptive behavioral treatment by protocol or protocol modification (97153, 97155) and telehealth caregiver training (97156, 97157) visits within the member's benefits, with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these ABA therapy telehealth services with place of service 02 only.

Are ABA providers allowed to use the hours approved in a current authorization for telehealth (audio + video) ABA services?
If an ABA provider is not requesting changes to existing authorized codes or units they can continue to use the authorization they have on file. No further action is required by the provider.

If an ABA provider is requesting changes to the authorization we have in place, such as changes to units or codes, they must submit a request for the change by submitting a new treatment request form outlining the changes they are requesting, please include current authorization reference number and date of change being requested.

If an ABA provider is requesting new authorization of code or units, they should follow the process already in place by submitting the request by fax or via Anthem's electronic portal.

How is Anthem approaching the provision of mental health outpatient and substance abuse outpatient services via telephonic-only visits?
Anthem is making adjustments in our policy in the provision of these telephonic-only services to address the need for expanded access outside of telehealth (audio + video) to include telephonic only visits with in-network providers and out-of-network providers where required. We expect all mental health outpatient and substance abuse outpatient will still be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including HIPAA compliance and the regulations regarding how substance use information in handled. These changes for telephonic-only visits will be effective from March 19, 2020, through March 31, 2021. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for mental health outpatient and substance abuse outpatient services via telephonic audio-only visits?
From March 19, 2020, through March 31, 2021, Anthem would recognize audio-only time based codes, (99441, 98966, 99442, 98967, 99443, 98968). These codes do not need a place of service (POS) 02 or modifier 95 or GT.

In addition, Anthem would recognize telephonic-only services for diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these telephonic-only services with place of service 02 only.

Can behavioral health providers conduct IOP, PHP, psychological testing, and the ABA services via telephonic-only care?
No. These services require face-to-face interaction and therefore are not appropriate for telephonic-only consultations. Anthem is allowing these services to be billed via telehealth (audio+ video).

What if I have additional questions pertaining behavioral health telehealth (audio + video) or telephonic-only care visits?
Please contact Anthem Behavioral Health.

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157-0121-WP-WI

URL: https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-that-perform-aba-services-during-covid-19-4

Information from Anthem for Care Providers about COVID-19 (Updated December 30, 2020)

Published: Dec 30, 2020 - **Administrative**

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
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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.

Contents:

- COVID-19 vaccines
- Virtual, telehealth and telephonic care
- Coding, billing, and claims
- Other

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 January 31, 2021.

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.

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, 2020 through March 31, 2021, Anthem's affiliated health plans will cover telephonic-only visits with in-network providers.

Out-of-network coverage will be provided where required by law. 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, 2020, through January 31, 2021, 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, 2020, 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.
- cost-sharing for telephonic-only in-network visits from March 19, 2020 through March 31, 2021 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.

COVID-19 Vaccines

How is Anthem reimbursing FDA-Approved COVID-19 Vaccines?
The cost of COVID-19 FDA-approved vaccines will initially be paid for by the government.

Anthem will reimburse for the administration of COVID-19 FDA-approved vaccines in accordance with Federal and State mandates.

Recently CMS shared (https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf) that for members of Medicare Advantage plans, the COVID-19 vaccine administration should be billed to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. This will ensure that Medicare Advantage members will not have cost-sharing for the administration of the vaccine.

For members of our fully-insured employer and individual plans as well as self-funded plans, Anthem will cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency.

For members of Medicaid plans, Medicaid state-specific rules and other state regulations may apply.

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, 2020, through March 31, 2021, 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 January 31, 2021.

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.

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, 2020, through March 31, 2021, 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, 2020, through March 31, 2021, 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-educationoutreachffsprovpartprogprovider-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 complied 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.

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146-1220-WP-WI

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

Anthem waives cost share for COVID-19 treatment (Updated May 29, 2020)

Published: May 29, 2020 - **Administrative**

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that care providers across the country on the front line are committed to providing care to our members and communities.

During these challenging times, Anthem remains committed to living our values and supporting those we serve, which includes making it as easy as possible for care providers to focus on what's important right now, keeping the country healthy. In addition to the proactive steps Anthem has already taken to support care providers and protect our members, associates and communities against COVID-19, Anthem announced, effective April 1 that we will expand coverage for our members undergoing treatment related to COVID-19 diagnosis.

The expansion covers the waiver of cost shares for COVID-19 treatment received through December 31, 2020. Anthem will reimburse health care providers at in-network rates or Medicare rates, as applicable, for Anthem's affiliated health plan fully insured, Individual, Medicaid and Medicare Advantage members. Anthem encourages self-funded employer participation; however, self-insured employers will be able to opt out of participation.

Anthem continues to closely monitor the COVID-19 developments and listen to the needs of our communities, Anthem associates and all of the members and care providers we serve. We will continue to update you as we receive new information and guidance.

URL: https://providernews.anthem.com/wisconsin/article/anthem-waives-cost-share-for-covid-19-treatment-1

Webinar recording now available for providers on how to leverage telehealth to care for Behavioral Health patients during COVID-19 and beyond

Published: Jun 25, 2020 - **Products & Programs** / Behavioral Health

Anthem Blue Cross and Blue Shield hosted a provider webinar to assist Behavioral Health providers in maximizing the telehealth experience.

The webinar recording for How to leverage telehealth to care for Behavioral Health patients during COVID-19 and beyond is now available.

Webinar summary:

The psychological effects of COVID-19 reach far beyond those who have fallen ill with COVID-19 or lost a loved one to the virus. The need for behavioral health services will increase due to the fear and life-altering changes the pandemic has created. And for those who are already in treatment for behavioral health or other medical conditions, those appointments have been interrupted or even discontinued due to the pandemic.

Article Attachments

Using telehealth can be a better way to continue caring for your patients or help patients access care, while promoting social distancing.

During the **webinar recording**, you'll hear about:

- The impact of COVID-19 on behavioral health in general and within at-risk populations
- Lessons learned from past epidemics and quarantines
- Best practices for caring for behavioral health patients virtually
- Telehealth 101 tips for providers looking to get started

Providers of all specialties are invited to attend this webinar, which places emphasis on leveraging telehealth for behavioral health services.

URL: https://providernews.anthem.com/wisconsin/article/webinar-how-to-leverage-telehealth-to-care-for-behavioral-health-patients-during-covid-19-and-beyond

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A special thank you to Care Providers

Published: Jun 1, 2020 - **Administrative**

We want to express our most sincere thanks for your dedication to serving the patients in your care. Please take a moment to watch this brief **thank you message** from Anthem Blue Cross and Blue Shield.

524-0620-PN-CNT

Introducing lower cost Anthem Health Access Plans on June 1 in response to COVID-19 crisis

Published: May 26, 2020 - **Administrative**

Like many, Anthem Blue Cross and Blue Shield (Anthem) is closely monitoring COVID-19 developments and what it means for our customers and our health care provider partners. Anthem is working to help employers who are facing tough decisions on furloughing or reducing hours of their workforce. Anthem is doing this by creating health insurance options that provide continued access to care. We continue to seek ways to support our customers by offering affordable alternate products with more flexibility while ensuring members can continue to see their established physicians.

Beginning June 1, 2020, Anthem is introducing our Anthem Health Access Plans for certain large group employers currently enrolled in our commercial lines of business only.

Anthem Health Access Plans cover the diagnosis and treatment for COVID-19 at 100% in accordance with Anthem guidelines.

These benefit plans cover preventive care, unlimited telemedicine, office visits, prescriptions and more. In addition, members enrolled in these plans have digital ID cards and access to Sydney Health and Sydney Care (Anthem's mobile app that runs on intelligence – as part of our digital strategy).

These plans include some coverage exclusions or limitations. For information about eligibility, available benefits, and a list of exclusions, please visit Availity – our Web-based provider tool at Availity.com.

We are committed to working with our provider partners to help our members focus on their health and well-being. The new Health Access plans give your patients the needed coverage to manage their everyday health needs.

NOTE: As with all eligibility and benefits inquiries on Availity, providers must have the member ID number (including the three-character prefix) and one or more search options of date of birth, first name and last name.

520-0620-CNT

URL: https://providernews.anthem.com/wisconsin/article/introducing-lower-cost-anthem-health-access-plans-on-june-1-in-response-to-covid-19-crisis-3

Webinar recording now available for network providers on SBA loans and other federal relief programs in response to COVID-19 (Updated May 1, 2020)

Published: May 1, 2020 - **Administrative**

We are committed to helping care providers learn how you can secure resources to support yourselves and your business during the COVID-19 crisis. Anthem hosted a provider webinar to share information and resources with its network providers regarding opportunities providers have to access loans through the U.S Small Business Administration (SBA) and other federal programs in response to the economic impact of COVID-19 on care providers that are also small employers.

The **Small Business Loan Opportunities for Providers webinar recording** is now available.

After registering, use the password “health” to access the webinar.

Webinar summary:
The federal Coronavirus, Aid, Relief and Economic Security (CARES) Act included an initial $350 billion Paycheck Protection Program (PPP) that provides 100% federally guaranteed loans to small employers. These loans may be forgiven if borrowers maintain or restore their payrolls to pre-COVID-19 levels. On Monday, April 27, 2020, the SBA resumed accepting applications for PPP loans in response to an additional $320 billion added to the program. This webinar recording shares information about federal financial relief for providers in response to the COVID-19 crisis. Use the password “health” to access the webinar.

The information and resources provided here and during webinar recordings is educational and informational only, which providers can use to learn about resources and opportunities that may be available, and do not constitute and should not be considered legal advice. Anthem cannot be held responsible for any errors or omissions.

URL: https://providernews.anthem.com/wisconsin/article/anthem-to-host-webinar-for-network-providers-on-sba-loans-and-other-federal-relief-programs-in-response-to-covid-19-13

Federal Resources Available for Care Providers and Employers in the Federal CARES Act

Published: Apr 10, 2020 - **Administrative**

During the COVID-19 crisis, care providers are working to keep the country running while navigating the financial impact it is having on them. Anthem advocated for Congress to provide sufficient funding for hospitals to be able to address those in need of care and we strongly support federal and state efforts to address the financial needs of care providers. To help care providers navigate the resources available to them, Anthem has complied information on programs we have learned about that could provide additional financial relief during this crisis.

The *Coronavirus Aid, Relief, and Economic Security (CARES) Act* is the third in a series of COVID-19 federal laws designed to assist in addressing COVID-19 and provide financial relief to lessen the impact. The CARES Act includes new resources to address the economic impact of COVID-19 on employers of all sizes, including care providers. The CARES Act provides significant funding specifically for care providers AND expands existing federal loan programs, creates new tax credits, postpones employment tax payments, and includes additional tax relief for employers, including care providers.

Funding specifically designated for care providers in the CARES Act includes:

- $100 billion grant program for the U.S. Department of Health and Human Services (HHS) to provide direct assistance to hospitals and other eligible Medicare providers and suppliers to cover unreimbursed healthcare-related expenses or lost revenues attributable to the COVID-19 public health emergency;
- Advance Medicare payments for care providers and suppliers through Accelerated and Advance Payment Program allowing hospitals to receive 100% of three months of advanced payments through Medicare. Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical Access Hospitals can request up to 125% of Medicare payment for six months;

- 20% increase in reimbursement to hospitals in the Medicare program for inpatient stays coded as COVID-19, applicable during the emergency period.
- Suspension of the Medicare “sequester cuts” under current law that would have reduced payments to hospitals and providers by 2 percent. This suspension lasts from May 2020 through December 2020 increasing Medicare payments to hospitals and providers by 2 percent.
    - Elimination of $8 billion in Medicaid Disproportionate Share Hospital cuts which were scheduled to go into effect on May 23, 2020.

Loans and Tax Relief for Employers, including Care Providers

Paycheck Protection Program (PPP) for Small Employers

This program provides employers, 501(c)(3) nonprofits, veterans organizations and tribal small businesses that generally have fewer than 500 employees with loans of up to $10 million through the U.S. Small Business Administration 7(a) loan program. Both the U.S. Small Business Administration (SBA) and the U.S. Treasury Department have issued guidance on these loans, which can serve as great resources for small employers.

Lenders may begin processing PPP loan applications as soon as April 3, 2020, and the program will be available through June 30, 2020. Please note that these loans will be fully forgiven if employees are kept on payroll for eight weeks and the funds are used for payroll costs including health benefits, interest on mortgages, rent, and utilities.

Additional details on the PPP program include:

- You can apply through any existing SBA 7(a) lender or through any federally insured depository institution, federally insured credit union, and Farm Credit System institution that is participating. Other regulated lenders will be available to make these loans once they are approved and enrolled in the program. You should consult with your local lender as to whether it is participating in the program.
- PPP Loan payments will also be deferred for six months. No collateral or personal guarantees are required.
- Neither the government nor lenders will charge small businesses any fees.
- The business must have been in operation on February 15, 2020.

- Eligible entities also include sole proprietors, independent contractors, and other self-employed individuals.
- PPP Loan amounts are 250% of the average total monthly payroll costs incurred during the one-year period before the date of the loan.
- Allowable uses of the PPP loan include ongoing payroll support (including health care benefits/insurance premiums), as well as mortgage interest, rent, and utility payments.
- All businesses are eligible irrespective of ability to pay, and if the employer maintains employment levels, it is eligible for loan forgiveness equal to the amount spent by the borrower during an 8-week period after the origination date of the PPP loan on payroll costs, mortgage interest, rent/lease, and utilities.
- Mandates all participating lenders to defer payments for at least six months (up to one year).

Economic Injury Disaster Loan (EIDL) & Emergency Economic Injury Grants

- EIDLs allow small businesses to receive immediate cash advance payments of $10,000 in three days and waiver of certain requirements on loans of less than $200,000. To access the advance, the business first applies for an EIDL and then requests the advance. The advance does not need to be repaid under any circumstance and may be used for payroll, to pay for sick leave, or pay business obligations such as rent/mortgage and debt.
- EIDLs are lower interest loans with principal and interest deferment at the SBA Administrator's discretion.
- Eligible entities are businesses, cooperatives, employee stock ownership plans, and tribal small business concerns with fewer than 500 employees, or any individual operating as a sole proprietor or an independent contractor. Private nonprofit businesses of any size are also eligible.
- An EIDL may be used for payroll and other operating expenses, but cannot be used for the same purposes as a PPP Loan.
- Eligible entities can get both an EIDL and a PPP loan, but any advance amount is subtracted from the amount forgiven in the PPP loan.

Small Business Association (SBA) Express Bridge Loans

- Express Bridge Loan Pilot Programa allows small businesses who currently have a business relationship with an SBA Express Lender to access up to $25,000 quickly.
- These loans can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing and can be a term loans or used to bridge the gap while applying for a direct SBA Economic Injury Disaster Loan (EIDL).
- If a small business has an urgent need for cash while waiting for decision and disbursement on an EIDL, they may qualify for an SBA Express Bridge Loan.
- Loan will be repaid in full or in part by proceeds from the EIDL

Small Business Debt Relief

- Eligible small businesses are those with non-disaster Small Business Administration (SBA) loans (loans not made under the Paycheck Protection Program) and others
- The SBA will cover all loan payments on these SBA loans for 6 months.
- This relief is also available to new borrowers who take out eligible loans within 6 months of March 27, 2020.

Financial Support for Medium and Large Employers

The CARES Act includes $454 billion for the U.S. Treasury Department to be used to capitalize one or more loan facilities, established by the Federal Reserve, to make direct secured business loans to companies, including those with **between 500 and 10,000 employees**. These loans would be fully secured by the borrower's assets and that the borrower not engage in stock buybacks or furnish dividends while the loan is outstanding and for 12 months thereafter, and agree to limits on executive compensation. **Once additional details and guidance are released, this information will be updated.**

Employee Retention Tax Credits for all Businesses

Any employer or 501(c)(3) tax-exempt organization experiencing more than a 50 percent drop in gross receipts during the COVID-19 crisis is eligible for an advanceable or refundable payroll tax credit for keeping employees on the payroll. The amount of credit each quarter is up to 50 percent of wages (up to $10,000) (Sec. 2301). The IRS recently released guidance on this tax credit.

- Eligible employers are those subject to a full or partial shut-down order due to the COVID-19 pandemic, or those employers who see gross receipts decline by more than 50% when compared to the same quarter in 2019.
- Wages of employees who are furloughed or face reduced hours as a result of their employers' closure or economic hardship are eligible for the credit.
- For employers with 100 or fewer full-time employees, all employee wages are eligible, regardless of whether an employee is furloughed.
- Employers receiving a Paycheck Protection Program loan through the SBA are **not** eligible.

Postponement of Payroll Tax Payments

Employers and self-employed individuals can defer paying their share of applicable 2020 payroll taxes to free up cash to fund operations and support retaining employees.

- This is not available to small employers who have had debt forgiven through the Paycheck Protection Program.
- Employer may defer 100% of the 6.2% employer-share of the old age, survivors and disability insurance (OASDI) portion of the Federal Insurance Contribution Act (FICA) taxes due on wages paid after March 27, 2020 through the end of 2020.
- Self-employed individuals may also delay the payment of 50% of the OASDI
- Half of the tax that would have been paid in 2020 can be paid at the end of 2021, and the other half at the end of 2022.

Carryback of Net Operating Losses

- Allows businesses to carry back for five years 100% of losses for tax years 2018, 2019 and 2020.
- This will allow businesses to offset taxable income and access cash to support business operations in 2020 and future years.

Increased Deduction for Interest Expense

- For 2019 and 2020 increases the amount of interest expense that businesses (corporations and partners in partnership) are allowed to deduct, by increasing the limitation from 30% of adjusted taxable income to 50%.
- This provision allows businesses to increase liquidity with a reduced cost of capital.

Accelerated Depreciation of Qualified Improvement Property

- This provision classifies qualified improvement property as 15-year life, which also allows such property to be eligible for bonus depreciation.

URL: https://providernews.anthem.com/wisconsin/article/federal-resources-available-for-care-providers-and-employers-in-the-federal-cares-act-1

Updated COVID-19 Medicare and Medicaid Information

Published: Mar 25, 2020 - **State & Federal**

For updated information on COVID-19, please continue to check Medicaid Provider News – COVID-19 for the latest Medicaid information, and *Medicare Advantage Provider News Archives* for the latest Medicare information.

URL: https://providernews.anthem.com/wisconsin/article/updated-covid-19-medicare-and-medicaid-information-3

Anthem to delay most April 1, 2020 formulary list updates for commercial health plan pharmacy benefit

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

In light of the current situation with COVID-19, we have decided to delay the implementation of many of the previously-communicated formulary changes scheduled for April 1, 2020.

The changes listed below will still go into effect on April 1, 2020:

	National/Preferred Drug List	Traditional Open Drug List	Essential Drug List
Antihistamines			
carbinoxamine 6mg	Tier 1 -> NF	Tier 1 -> Tier 3	Tier 1 -> NF
Topical Anesthetics			
Lidocaine 7%-Tetracaine 7% cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)
Pliaglis cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

URL: https://providernews.anthem.com/wisconsin/article/anthem-to-delay-most-april-1-2020-formulary-list-updates-for-commercial-health-plan-pharmacy-benefit-1
