

Information from Anthem for Care Providers About COVID-19 (Updated March 23, 2020)

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Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company (collectively “Anthem”) are closely monitoring COVID-19 developments and what it means for our customers and 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 frequently asked questions:

Waiver of Member Cost Shares

Will Anthem waive member cost shares related to screening and/or testing for COVID-19?

Yes, as of March 5, 2020 and until further notice, cost shares, inclusive of copays, coinsurance and deductibles for COVID-19, will be waived by Anthem or its delegated entities for screening and testing for COVID-19. Tests samples may be obtained in many settings 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 a member get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Does Anthem require a prior authorization for screening or testing for COVID-19?

No, prior authorization is not required from Anthem or its delegated entities for screening or testing related to COVID-19 testing.

Is Anthem waiving cost shares when a member needs health care services from a doctor or a hospital related to COVID-19 that doesn’t involve screening and testing for COVID-19?

No, the waiver of cost shares is limited to screening and testing for COVID-19. For care unrelated to COVID-19 screening and testing members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation.

There is an exception. As of March 17, 2020 Anthem will waive, until further notice, any member cost share for telehealth or telephonic visits provided by in-network provider, including visits for mental health, for our fully insured employer, individual, Medicare and Medicaid plans. Cost shares will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other telehealth providers. Self-insured plan sponsors will have the choice to participate.

Telehealth and Telephonic Services

Will Anthem waive member cost shares for telehealth services?

Yes, as of March 17, 2020 and until further notice, Anthem and its delegated entities will waive cost sharing for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other in-network providers delivering virtual care through internet video + audio services for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans. Self-insured plan sponsors may opt out of this program.

Member cost shares for telehealth services will not be waived for out of network providers, except for COVID-19 screening.

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

Yes, as of March 19, 2020, address the concerns we have heard from providers about the need to support care for Anthem members during extended periods of social distancing, Anthem and its delegated entities will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when appropriate. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

What is the reimbursement rate for telehealth and telephonic services?

As required by the State of California, telehealth and telephonic services must be paid at the same rate, whether a service is provided in-person or through telehealth or telephonically, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim.

Can all contracted providers provide telehealth and telephonic services?

Yes. All Anthem contracted providers can provide telehealth and telephonic services if clinically appropriate.

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

For telehealth or telephonic services, providers should bill the same CPT codes that they would normally bill for in-person visits with modifiers 95 or GT and Place of Service (POS) code "02".

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

Anthem.com/ca is a great resource for members and providers 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.

Prescription Drugs

Can members obtain an extra 30-day refill of a prescription drug?

Yes. We are also allowing members to obtain an extra 30-day supply of medication when medically appropriate and permitted by state and federal law. We are also encouraging that when member plans allow that they switch from 30-day home delivery to 90-day home delivery.

General Questions

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?

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

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

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.

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.

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.

URL: <https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5>

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