

Vantage Health Plan, Inc. COVID-19 Provider Notices

We want to thank our providers for sharing their challenges, concerns, and experiences relating to COVID-19. We are responding to this information by making the following changes to the way we process claims. We have also had providers questioning how other providers are dealing with the COVID-19 challenge in their offices. Some of the things we have learned are listed below.

Notice #9, December 7, 2021:

We are providing the following update for billing guidelines implemented in previous provider notices:

COVID 19 Vaccine and Monoclonal Antibodies (Medicare Advantage):

The Centers for Medicare & Medicaid Services (CMS) provided reimbursement for COVID-19 Vaccines and Monoclonal Antibodies for Calendar Years (CYs) 2020 and 2021. Beginning in Calendar Year (CY) 2022, the obligation to pay for the COVID-19 vaccine and its administration (including approved booster doses) will be the responsibility of the Medicare Advantage Organization. Medicare Advantage claims for COVID-19 vaccines and administration (including approved booster doses) should no longer be submitted to Original Medicare. This will include claims for monoclonal antibody treatment and administration. Claims for dates of service 1/1/2022 and forward should be submitted to Vantage using the product-specific coding provided by CMS and AMA.

Please call 1-844-834-8835 or email Covid19@vhpla.com with questions.

Notice #8, December 16, 2020:

We are providing the following updates to our policies implemented in previous provider notices:

Telemedicine Services:

Vantage has voluntarily waived cost share related to the telehealth visits for services outlined in previous provider notices, and this will continue until the end of the 2020 plan year. However, to transition to a more sustainable model of telehealth care, effective January 1, 2021, Vantage will resume the application of member cost share for all non-Covid services provided via telehealth. This will include claims billed with place of service (POS) 02 and/or modifier 95. We will continue to reimburse providers for telehealth visits at the same rate as face-to-face visits, and member cost share will also be the same for telehealth and face-to-face visits.

We would like to thank all of our providers for the continued flexibility offered to our members by providing quality care through telehealth visits as well as in-person visits during this public health emergency. Additionally, we look forward to offering zero cost share for Primary Care Provider visits for most of our Medicare Advantage plans in 2021, which includes both face-to-face and telehealth office visits!

COVID 19 Testing and Evaluation:

We will continue to follow state and federal laws regarding the waiving of cost share related to face-to-face and telehealth COVID 19 testing and evaluation. In alignment with CMS billing policies, please use a CS modifier on your evaluation and management codes when a COVID 19 test is ordered so that your claim will be identified as eligible for a waiver of cost share on the COVID testing-related services.

COVID 19 Treatment:

Effective 1/1/2021, Vantage will no longer waive cost-sharing for COVID-19 associated medical treatment except as required by law. This will include hospitalizations, additional office visits, urgent care visits and emergency

department visits beyond those where a COVID-19 test was ordered. Members who must get care related to a COVID-19 diagnosis will be responsible for the applicable cost share for that service according to their plan benefits.

Vaccine and Monoclonal Antibodies:

The U.S. Food and Drug Administration has recently approved a COVID 19 Vaccine as well as two Monoclonal Antibody treatments through Emergency Use Authorization (EUA). Vantage will cover these services at \$0 member cost share as they become available to our members in accordance with the recommendations of the CDC, FDA and CMS.

As stated in a previous notice, Medicare Advantage claims for COVID 19 Vaccines and Administration should be submitted to Original Medicare for 2020 and 2021. Claims for monoclonal antibody treatment and administration should also be submitted to Original Medicare. Claims for Commercial/Marketplace members should be submitted to Vantage using the product-specific coding provided by CMS and AMA as they become available. We are closely monitoring codes and payment allowances published by CMS and are updating our claims system as they become available.

The following codes are loaded in our system for claims processing:

Monoclonal Antibodies Codes and Rates	COVID 19 Vaccine Codes and Rates
Q0239 or Q0243 – Drug codes*	91300 – Pfizer-Biontech Vaccine code*
M0239 or M0243– Infusions and monitoring codes CMS Allowable is \$309.60**	0001A – Pfizer-Biontech Admin – First Dose CMS Allowable is \$16.94**
	0002A – Pfizer-Biontech Admin – Second Dose CMS Allowable is \$28.39**
*Providers should not bill for any COVID 19 monoclonal antibody products/drugs/vaccines received at no cost. CMS has not yet established an allowable for the drug/vaccine code.	
**Allowables may be adjusted based on CMS methodology applicable for the setting, such as through the Medicare Physician Fee Schedule geographical adjustments or reasonable costs.	

Please call 1-844-834-8835 or email Covid19@vhpla.com with questions.

Notice #7, April 21, 2020:

We are providing the following updates to our COVID-19 policies:

Telemedicine Services:

- Vantage will pay the following E&M codes with NO Patient Cost Share. These telemedicine services can be billed with a Place of Service (POS) of 02 or the place of service code that would have been billed had the service been furnished in person. If billed as any POS other than POS 02, a modifier 95 must also be billed. If billed as POS 02, the claim will be accepted with or without the modifier 95.
 - New Patient 99201-99205
 - Established Patient 99211-99215

- Vantage will pay the following codes for preventive health (wellness) telemedicine visits with NO Patient Cost Share.

	<u>Commercial</u>	<u>MAPD</u>
▪ New Patient	99381-99387	G0438
▪ Established Patient	99391-99397	G0439 G0468 (FQHC only)
▪ Behavior Change Counseling	99406-99407	99406-99407 G0442-G0443

- Please close any and all gaps in care later in the year through a face-to-face encounter with the patient. Due to COVID, Vantage will pay the same preventive health code twice in the same calendar year.
- Providers should include all acute and chronic diagnoses on each claim.
- Applicable documentation requirements continue to apply.

COVID-19 claims:

- In addition to the COVID screening lab tests, Vantage will also pay the following Antibody testing codes specific to COVID-19 with NO Patient Cost Share.

86318 86328 86769

- Please continue to follow ICD-10 guidelines specific for COVID-19 diagnoses.

The notices issued by Vantage are to inform providers of the additional codes that can be billed as telemedicine and to address whether such codes will be paid without any Patient Cost Share. They are not intended to address all aspects of telemedicine and do not in any way limit or restrict the way a provider can bill telemedicine services.

Notice #6, April 2, 2020:

In response to additional inquiries from providers, we are providing the following updates to our COVID-19 policies:

Telemedicine Services:

- Telemedicine services can be billed with a Place of Service (POS) of 02 or the place of service code that would have been billed had the service been furnished in person. If billed as any POS other than POS 02, a modifier 95 must also be billed. If billed as POS 02, the claim will be accepted with or without the modifier 95.
- Because Rural Health Clinics (RHC) and outpatient facilities bill on a UB, a Place of Service is not indicated on the claim. These providers should bill telemedicine services with the applicable CPT/modifier codes that would have been billed had the services been furnished in person and should add modifier 95.
- As previously stated, Vantage will pay the following codes with NO Patient Cost Share.

99213 90791 90792 90832 90833 90834 90836 90837 97110 92507 92526

Note: RHC's should bill as stated in item (2) above instead of billing G0071 to denote telemedicine services.

4. Applicable patient cost share applies to other codes billed as telemedicine.
5. Providers should include all acute and chronic diagnoses on each claim.
6. Applicable documentation requirements continue to apply.

COVID-19 claims:

1. Vantage will continue to pay COVID-19 testing and treatment claims with NO Patient Cost Share when billed with the appropriate diagnoses.
2. Please continue to follow ICD-10 guidelines specific for COVID-19 diagnoses.

The notices issued by Vantage are to inform providers of the additional codes that can be billed as telemedicine and to address whether such codes will be paid without any Patient Cost Share. They are not intended to address all aspects of telemedicine and do not in any way limit or restrict the way a provider can bill telemedicine services.

Notice #5, March 30, 2020:

In response to additional inquiries from providers, we are providing the following updates to our COVID-19 policies:

1. Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) Telemedicine Visits for all patients:
 - J Telemedicine visits must be performed in lieu of a face-to-face visit.
 - J Telemedicine visits must be billed with the CPT codes and the appropriate modifiers traditionally billed for on-site face to face visits. CPT codes eligible for telemedicine include:

97161	97110	97530	97165	92507	92521	92524	92610	96105
97162	97112	97535	97166		92522	92526		
97164	97116		97168		92522			
 - J These codes must be billed with a POS (place of service) of 02 instead of POS 11.
 - J The limit on billable units previously stated in Notice #3 are no longer applicable.
 - J Vantage will pay these telemedicine visit claims at the same rate as in-office visits with NO Patient Cost Share.

2. Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) In-Home Encounters for all patients:
 - J The following **complex evaluation** codes and hands-on CPT codes that require face-to-face encounters can now be performed in the patient's home as an in-home encounter:

97014	97032	97035	97140	97163	97167
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 - J These in-home encounter claims must be billed with POS 12 (private residence).
 - J The services listed in item (1) above may also be performed in-home and billed as POS 12.
 - J Vantage will pay all in-home encounter claims at the same rate as in-office visits with applicable patient cost share.

3. Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) General Information:
 - J All claims should include all acute and chronic diagnoses.

- J Current pre-authorization requirements apply.
- J Documentation for all claims should be similar to that of face-to-face office visits with respect to medical necessity and treatment specifications. Encounters should be fully documented in the patient’s medical record.

Notice #4, March 23, 2020:

Due to changing circumstances, we are providing the following update to our COVID-19 telemedicine policy:

Telemedicine Office Visits for all patients:

- J Telemedicine visits should be billed with CPT 99213 with a POS (place of service) of 02 instead of POS 11 and should include all acute and chronic diagnoses on each claim.
- J Vantage will pay these claims at the current 99213 allowable with NO Patient Cost Share.
- J The telemedicine requirement for live video chat is recommended; however, if live video chat is not available, that requirement will be waived. Communication with the patient by phone is sufficient at this time to be billed and paid as POS 02.
- J The US Department of Health has relaxed Telemedicine Technology Requirements during this emergency. You may now use common video chat programs like Apple Facetime, Facebook Messenger’s video function, and Skype.
- J The provider should decide for each patient if a telemedicine visit is appropriate or if the patient still needs the scheduled face-to-face visit.
- J The telemedicine visit should be documented in the patient’s chart and must be in lieu of a face-to-face visit. All services routinely provided at a face-to-face visit that can be provided telephonically should be performed (e.g., prescription refills).
- J Patients should also be given instructions for limiting exposure to COVID-19 in their daily lives.

In response to inquiries from our providers, we are providing the following updates to COVID-19 diagnoses which follow the CDC recommendations:

Other Diagnoses

- a. If the patient is being evaluated for COVID-19, use diagnosis Z03.818.
- b. Prior to April 1, 2020, diagnosis B97.29 (other coronavirus as the cause of diseases classified elsewhere) should be billed and assigned with other diagnoses codes, such as:
 - J J12.89 - Other viral pneumonia
 - J J20.8 – Acute bronchitis
 - J J22 – Unspecified acute lower respiratory infection
 - J Other diagnoses as appropriate
- c. After April 1, 2020, diagnosis U07.1 (COVID-19 acute respiratory disease) should be used for confirmed cases.
- d. Vantage will accept all of the diagnoses listed above whether billed as primary or secondary to the other symptom diagnoses on the claim.
- e. Remember to include ALL other acute and chronic diagnoses on the claim as well.
- f. Vantage will pay these COVID-19 claims with NO Patient Cost Share.

Notice #3, March 19, 2020:

In response to additional inquiries from providers, we are providing the following updates to our COVID-19 policies:
Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) Telemedicine Office Visits:

- J PT, OT, and SLP visits performed through telemedicine must be in lieu of a face-to-face visit for an established patient with an existing plan of care.
- J PT and OT: Bill these telemedicine visits with CPT 97110 (therapeutic exercise) with the appropriate modifier GP or GO. We will allow up to three PT and three OT units per week per patient.
- J SLP: Bill either CPT 92507 (individual treatment of speech, language, voice, communication, and/or auditory processing disorder) or CPT 92526 (treatment of swallowing dysfunction and/or oral function for feeding) with modifier GN. We will allow up to two SLP sessions per week per patient.
- J These claims must be billed with a POS (place of service) of 02 instead of POS 11.
- J Vantage will pay these telemedicine claims at the current allowables with NO Patient Cost Share.
- J The telemedicine guidelines 1(d) through 1(g) listed in Vantage Provider Notice #1 dated 3/13/20 also apply to PT/OT/SLP Providers.

Notice #2, March 16, 2020:

In response to several inquiries from providers, we are providing the following updates to our COVID-19 policies:

1. COVID-19 Testing Update:

- J **LabCorp** and **Quest Diagnostics** laboratories are in-network and are now offering COVID-19 testing.

2. Rural Health Clinic Telemedicine Office Visits:

- J Telemedicine office visits performed by a Rural Health Clinic (RHC) should be billed with HCPCS **G0071** and should **include all chronic diagnoses on the claim.**
- J Because Rural Health Clinics bill office visits on a UB, a Place of Service is not indicated on the claim.
- J Vantage will pay these RHC telemedicine claims at the current all-inclusive rate with **NO Patient Cost Share.**

3. Behavioral Health Clinic Telemedicine Office Visits:

- J The following behavioral health CPT's will be paid as telemedicine office visits when they are billed with a **POS (place of service)** of 02 instead of POS 11. These claims **will not require pre-authorization** and should include **all chronic diagnoses on the claim.**

90791 90792 90832 90833 90834 90836 90837

- J Vantage will pay these telemedicine claims at the current allowables with **NO Patient Cost Share.**

The telemedicine guidelines 1(d) through 1(g) listed in Vantage Provider Notice #1 dated 3/13/20 also apply to RHC's and behavioral health providers.

4. Physical, Occupational, and Speech Therapy Services:

- J These services are not covered as telemedicine at this time.

5. High-risk patients:

- J Patients over 60 years of age.
- J Patients with chronic medical conditions, such as hypertension, diabetes, or lung disease.
- J Healthcare professionals are considered high-risk.

Notice #1, March 13, 2020:

1. Telemedicine Office Visits for patients at high risk for complications if they contract COVID-19:

- a) Many of our providers are calling patients who are scheduled for a routine medical follow-up visit a few days before those scheduled visits and will perform those visits telephonically. This is to avoid the patient's risk of exposure to COVID-19 in the provider's office.
- b) These telemedicine visits should be billed with CPT 99213 with a **POS (place of service) of 02** instead of POS 11 and should **include all chronic diagnoses on the claim.**
- c) Vantage will pay these claims at the current 99213 allowable with NO Patient Cost Share.**
- d) The telemedicine requirement for live video chat is recommended; however, if live video chat is not available, that requirement will be waived. Communication with the patient by phone is sufficient at this time to be billed and paid as POS 02.
- e) The provider should decide for each patient if a telemedicine visit is appropriate or if the patient still needs the scheduled face-to-face visit.

- f) The telemedicine visit should be documented in the patient's chart and must be in lieu of a face-to-face visit. All services routinely provided at a face-to-face visit that can be provided telephonically should be performed (e.g., prescription refills).
- g) Patients should also be given instructions for limiting exposure to COVID-19 in their daily lives.

2. Office Visits for patients with symptoms consistent with COVID-19:

- a) Patients with unexplained cough, fever, or shortness of breath should be billed as an office visit with diagnosis code Z03.818 to indicate the patient is being evaluated for COVID-19. All other existing chronic diagnoses should also be billed on the claim.
- b) These office visits and the lab test for COVID-19 will be paid by Vantage with NO Patient Cost Share.

3. What other providers are doing to protect their most vulnerable patients:

- a) Many of our providers are calling their scheduled patients and triaging incoming calls to move patients without respiratory symptoms to morning visits. They are seeing their patients with respiratory symptoms after lunch and toward the end of the day. They are trying to keep their patients at high risk for complications from COVID-19 either at home (Telemedicine visits) or, if they have to be seen face-to-face, scheduled for an early morning visit segregated from patients with respiratory symptoms who will be seen at the end of the day.
- b) Unexpected patients who walk into an office with respiratory symptoms are being taken out of the waiting room immediately, given a mask, and placed in one reserved exam room. Providers are seeing these patients, collecting a specimen for COVID-19 if appropriate, and treating their other illness as needed. Patients subject to testing for COVID-19 are instructed to quarantine at home until test results are back. Personal protective equipment should be used as appropriate.
- c) Patients with acute respiratory distress or shortness of breath are being referred directly to the emergency room for evaluation.