

In response to the Centers for Medicare and Medicaid Services (CMS) and other Federal COVID-19 guidance Keystone First VIP Choice will be taking the following measures:

1. **Testing and Claims Reporting for COVID-19** – Use of CPT code 87635 or HCPCS code U0002 for the non-CDC diagnostic lab test, depending on the method used or HCPCS code U0001 for the CDC diagnostic lab test. For tests performed with high throughput technologies, use HCPCS code U0003 for infectious agent detected by nucleic acid, amplified technique or HCPCS code U0004 any technique, multiple types, non-CDC. Labs, physician offices, hospitals and other settings can bill for tests ordered that they perform. There will be no member cost sharing for these tests. For specimen collection use HCPCS codes G2023 or G2024 (for an individual in a skilled nursing facility or a lab on behalf of a home health agency)
2. **Diagnosis Codes for COVID19** - Effective with services on and after April 1, 2020, a confirmed diagnosis (positive and presumptive positive test results) of COVID-19 should be reported with diagnosis code U07.1, COVID-19. Some additional ICD-10-CM codes that may be helpful for reporting encounters related to possible COVID-19 exposure as described in the ICD-10-CM Official Coding and Reporting Guidelines at:
 - Z03.818: (Encounter for observation for suspected exposure to other biological agents ruled out)
 - Z20.828: (Contact with and (suspected) exposure to other viral communicable diseases)
 - Z11.59 (Encounter for screening for other viral diseases)
3. **Telehealth Visits** – As of March 6, 2020 Keystone First VIP Choice has expanded telehealth in compliance with new CMS guidance, to include coverage in all areas (not just rural), in all settings, the use of popular video chat applications, and the increase of allowed services. Please note, when billing professional claims for **non-traditional telehealth services** bill with the Place of Service (POS) equal to what it would have been in the absence of the COVID-19 Public Health Emergency (PHE), along with a **modifier 95**, which indicates the service rendered was actually performed via telehealth. There are also options for **Virtual Check-ins and E-Services**.
4. **Waiving of Deductible and Coinsurance for COVID-19 Services** - Cost-sharing does not apply for Part B COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the COVID-19 Public Health Emergency (PHE); that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS evaluation and management codes:
 - Office and other outpatient services
 - Hospital observation services
 - Emergency department services
 - Urgent care centers
 - Nursing facility services
 - Domiciliary, rest home, or custodial care services
 - Home services
 - Online digital evaluation and management services
 - Telehealth visits

Providers should use the **CS modifier** on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services.

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.



5. **Sequestration** – Effective May 1, 2020 – December 31, 2020 the 2% Sequestration will not be deducted from claim payments when applicable.
6. **Prior Authorization** – No prior authorization is needed for our members to see out of network providers during the COVID-19 PHE. Please note however, prior authorization is still required for services that typically require authorization, such as inpatient admissions, certain DME, and MRIs.
7. **Prescription Drugs** - To help ensure your patients, our members, have the medications they need, Keystone First VIP Choice has taken the following action as it relates to Part D prescription drugs:
 - Removed the Refill Too Soon edits – this will allow our enrollees to refill medications early to ensure they have an appropriate supply of medication.
 - Allowing the maximum extended day supply of 90 days.
 - Allowing retail pharmacies or other pharmacies to provide home delivery/mail order.
 - Allowing non-contracted pharmacies to fill prescriptions or reimburse members if they pay for a prescription out of pocket.
8. **Accelerated/Advanced Payment** – Keystone First VIP Choice does not have an Accelerated/Advanced Payment program.
9. **Inpatient Add-on Payment** – Keystone First VIP Choice will not adopt the 20% add-on payment provision for COVID-19-related discharges that is set out in Section 3710 of the CARES Act. Section 3710 applies to Original Medicare payments to providers; it does not apply to provider payments by Medicare Advantage Organizations (MAOs). In fact, CMS released guidance stating that the payment rules that govern CMS’ payments to MAOs remain unchanged. To date, CMS has **not** indicated that it will reimburse or increase its payments to MAOs in order to fund the Section 3710 add-on payments to providers by MAOs. If in the future, CMS updates its payment to MAOs or guidance on the applicability of Section 3710 to MAOs, then Keystone First VIP Choice will reevaluate this issue.

For more information and other important links, please visit our website at www.keystonefirstvipchoice.com. If you have any questions regarding this notice, please contact your Provider Network Management Account Executive or Provider Services at 1-800-521-6007.