*NEW UPDATES*

HealthChoice takes member health and well-being very seriously. We continue to closely monitor the coronavirus pandemic developments and how they affect you and your health plan benefits. Helping our members and providing support to the medical community is our No. 1 priority.

Providers are responsible for submitting accurate claims in accordance with state and federal laws as well as HealthChoice’s policies and provisions. **HealthChoice has extended many of its temporary benefits that were put in place as a response to the pandemic. This information is effective March 6, 2020, through dates of service as indicated below:**

Services related to COVID-19 are identified by HealthChoice when billing the following ICD-10 codes. Standard editing and plan provisions apply.

- Z03.818 – Suspected exposure to COVID-19.
- Z20.822 – Contact with and (suspected) exposure to COVID-19 (eff. 1/1/2021).

**COVID-19 vaccinations**

HealthChoice will cover administration of the vaccine as noted below:

- For HealthChoice High, Basic and HDHP plan members:
  - For network services, FDA-approved COVID-19 vaccine(s) and administration costs will continue to be covered as a preventive service with no cost share to members.
  - For non-network services, FDA-approved COVID-19 vaccine(s) and administration costs will be covered with no cost sharing, including copays, deductible and coinsurance, to members through the end of the public health emergency. Non-network services are subject to balance billing charges.

**COVID-19 testing**

Through July 31, 2022, HealthChoice will continue to waive member cost share for all network and non-network office visits that result in COVID-19 diagnostic testing (at a provider’s office, via telehealth, urgent care or emergency department) including copays, deductible and coinsurance. Non-network services are subject to balance billing charges.

Allowed amounts for COVID-19 tests can be found by logging in to the [provider fee schedule](#).

Coverage is applicable to all HealthChoice plans (including HDHP) for:

1. COVID-19 laboratory testing (and administration thereof), including viral detection and serology tests, used for detection or diagnosis of the virus that causes COVID-19, approved or authorized by the FDA.
   a. Diagnostic viral testing codes:
      i. U0001
b. Antigen testing codes:
   i. 87426
   ii. 87428
   iii. 87635
   iv. 87636
   v. 87637
   vi. 87811

c. Antibody testing codes:
   i. 86328
   ii. 86769
   iii. 86408
   iv. 86409
   v. 86413

2. Specimen collection for COVID-19 testing when billed by clinical diagnostic laboratories. Certification is not required.
   a. Laboratory specimen collection codes:
      i. G2023
      ii. G2024

   a. Outpatient specimen collection code:
      i. C9803

4. Services, items and medications approved or authorized by the FDA for the diagnosis of COVID-19.
   a. Coverage for items of products allowed under an FDA Emergency Use Authorization ends at the time the EUA expires, even if prior to the HealthChoice COVID-19 coverage period.
   b. HealthChoice excludes services, items and medications allowed by the FDA for investigational use and study.

5. Services furnished during an evaluation that result in the need for a COVID-19 diagnostic test, but only to the extent those services are related and medically necessary for determining the need for a COVID-19 test.

**COVID-19 treatment**


Coverage is applicable to all HealthChoice plans, including HDHP, for:
1. Covered services and related care provided under a COVID-19 admission or diagnosis for the following:
   a. Office visits (in person or telehealth).
   b. Urgent care visits.
   c. Emergency department visits.
   d. Observation stays.
   e. Inpatient hospital episodes.
   f. Acute inpatient rehab.
   g. Long-term acute care.
   h. Skilled nursing facilities.
   i. Ambulance transportation.

2. Services, items and medications approved or authorized by the FDA for the treatment of COVID-19.
   a. HealthChoice excludes services, items and medications allowed by the FDA for investigational use and study.
   b. Coverage for items or products allowed under an FDA Emergency Use Authorization ends at the time the EUA expires, even if prior to the HealthChoice COVID-19 coverage period.

3. Services for conditions not related to COVID-19 are subject to standard plan provisions and cost sharing.

Certification

Effective March 6, 2020, through April 30, 2022, to appropriately minimize medical risks to members and medical personnel during the COVID-19 pandemic, HealthChoice temporarily modified our certification criteria to better accommodate the unique nature and needs during this time. Additionally, to streamline operations for providers and remove administrative barriers for needed care, HealthChoice waived certain certification requirements for all HealthChoice plans, including HDHP, as noted below.

1. Certification was not required for COVID-19 testing.
2. Certification was not required for covered services and related care provided under a COVID-19 admission or diagnosis to the following levels of care:
   a. Acute inpatient.
   b. Long-term acute care.
   c. Acute inpatient rehab.
   d. Skilled nursing facilities.

Effective Nov. 1, 2020, through April 30, 2022, certification was not required for post-acute admission for covered services and related care for any other admission or diagnosis to the following levels of care:
   a. Long-term acute care.
   b. Acute patient rehab.
   c. Skilled nursing facilities.

Telehealth

HealthChoice extended its telehealth coverage through Dec. 31, 2021, for both network and non-network providers to include all services that can be effectively performed through a virtual visit. Effective Jan. 1, 2022, telehealth coverage related to COVID-19 testing only, as detailed below, HealthChoice will continue to waive member cost share.

Previously, a patient had to travel to or be located in certain types of originating sites as a physician’s office, skilled nursing facility or hospital. Temporarily, HealthChoice will make payments for covered
telehealth services furnished to beneficiaries in any health care facility and in their homes. Standard editing and plan provisions apply unless otherwise stated below.

**Reimbursement guidelines:**

<table>
<thead>
<tr>
<th>Place of service:</th>
<th>Options include using one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02, 10, 11</td>
<td>• Bill with normal place of service and virtual use codes.</td>
</tr>
<tr>
<td></td>
<td>• Bill with telehealth modifiers.</td>
</tr>
<tr>
<td></td>
<td>• Bill with 02 or 10 place of service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modifiers: GT, GQ, G0, 95</th>
<th>Modifiers can be used to define telehealth services if place of service 02 or 10 is not used.</th>
</tr>
</thead>
</table>

| Standard Virtual Use Codes or Revenue Code 780 | Bill with normal place of service. Modifiers are optional. |

HealthChoice’s coverage expansion is applicable to all HealthChoice medical plans, including HDHP, for:

1. **Virtual check-ins:** short patient-initiated communications with a health care practitioner that do not require either audio or video services.
   a. **Through Dec. 31, 2021,** HealthChoice waived network and non-network member cost sharing including copays, deductible and coinsurance. Non-network services are subject to balance billing.
   b. Virtual check-in billing codes:
      i. G2012
      ii. G2010

2. **E-visits:** online digital evaluation and management services delivered through an online patient portal.
   a. **Through Dec. 31, 2021,** HealthChoice waived network and non-network member cost sharing including copays, deductible and coinsurance. Non-network services are subject to balance billing.
   b. E-visit billing codes:
      i. 99421
      ii. 99422
      iii. 99423
      iv. G2061
      v. G2062
      vi. G2063

3. **Telehealth visits:** considered the same as in-person visit but includes real-time interactive audio and/or visual virtual care.

Coverage applies to all HealthChoice plans, including HDHP, and includes both urgent and routine medical care, some outpatient behavioral care, and physical, occupational and speech therapies (this list is not all-inclusive).

   a. **Network** telehealth services.
      i. **Effective Oct. 1, 2020, through Dec. 31, 2021,** HealthChoice waived member cost sharing for all network telehealth services, including copays, deductible and
coinsurance, regardless of whether or not related to COVID-19 (any diagnosis code billed).

ii. **Effective Jan. 1, 2022**, HealthChoice is waiving member cost sharing for all network telehealth services, including copays, deductible and coinsurance when the service is related to COVID-19 testing.

b. **Non-network** telehealth services – standard plan provisions including deductible and coinsurance apply unless related to diagnostic testing or treatment of COVID-19.

i. **Effective Jan. 1, 2022**, HealthChoice is waiving member cost sharing for all network and non-network telehealth services, including copays, deductible and coinsurance when the service is related to COVID-19 testing. Non-network services are subject to balance billing.