



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.

- U07.1 – 2019 novel coronavirus COVID-19 confirmed case.
- Z03.818 – Suspected exposure to COVID-19.
- Z20.828 – Exposure to confirmed case of COVID-19.
- B97.29 – Other coronavirus as the cause of diseases classified elsewhere.
- Z20.822 – Contact with and (suspected) exposure to COVID-19 (eff. 1/1/2021).
- J12.82 – Pneumonia due to coronavirus diseases 2019 (eff. 1/1/2021).
- M35.81 – Multisystem inflammatory syndrome (eff. 1/1/2021).
- Z11.52 – Encounter for screening for 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 Oct. 31, 2021, HealthChoice is waiving member cost sharing, including copays, deductible and coinsurance, for all network and non-network COVID-19 testing and related office visits (in person or telehealth), urgent or emergency care visits, as well as, medically necessary related services for the purpose of determining the need for a COVID-19 test. Non-network services are subject to balance billing charges.

Updated 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
 - ii. U0002
 - iii. U0003
 - iv. U0004
 - v. U0005
 - vi. 0202U
 - vii. 0223U
 - viii. 0224U
 - ix. 0225U
 - x. 0226U
 - xi. 0240U
 - xii. 0241U
 - 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
3. Specimen collection for COVID-19 testing in a hospital outpatient clinic. Certification is not required.
 - 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 medicates 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

Through Oct. 31, 2021, HealthChoice is waiving member cost sharing for the treatment of COVID-19 and any related illness that results in the need for standard covered medical 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

Through Oct. 31, 2021, 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 is suspending certification requirements for all HealthChoice plans, including HDHP, as noted below.

1. Certification is not required for COVID-19 testing.
2. Certification is 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.
3. Effective Nov. 1, 2020, certification is 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 inpatient rehab.
 - c. Skilled nursing facilities.

Telehealth

HealthChoice is extending its telehealth coverage **through Oct. 31, 2021**, for both network and non-network providers to include all services that can be effectively performed through a virtual visit. **Below are updated details about member cost sharing.**

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:

Telehealth	Place of service: 02, 11	Options include using one of the following: <ul style="list-style-type: none">• Bill with normal place of service and virtual use codes.• Bill with telehealth modifiers.• Bill with 02 place of service.
	Modifiers: GT, GQ, G0, 95	Modifiers can be used to define telehealth services if place of service 02 is not used.
	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 Oct. 31, 2021**, HealthChoice is waiving 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 Oct. 31, 2021**, HealthChoice is waiving 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. **Through June 30, 2020**, HealthChoice waived member cost sharing including copays, deductible and coinsurance regardless of whether or not related to COVID-19 (any diagnosis code billed).
 - ii. **Effective July 1, 2020, through Sept. 30, 2020**, standard plan provisions including deductible and coinsurance apply unless related to diagnostic testing or treatment of COVID-19.
 - iii. **Effective Oct. 1, 2020, through Oct. 31, 2021**, HealthChoice will again waive 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).
- b. **Non-network** telehealth services – standard plan provisions including deductible and coinsurance apply unless related to diagnostic testing or treatment of COVID-19.

HealthChoice dental coverage

Through June 30, 2020, HealthChoice's coverage expansion was applicable to the HealthChoice dental plan for:

Virtual dental visits: includes a real-time interactive audio and visual virtual care consultation to triage patients or offer an evaluation to determine if the situation is urgent or emergent.

1. HealthChoice waived member cost sharing, including deductible and coinsurance. Non-network services are subject to balance billing.
2. Virtual dental visit billing codes:
 - a. D0140
 - b. D0170
3. Claims shall be billed with place of service (POS) 02 for coverage consideration.
4. Standard claim editing applies.
5. Certification not required.