

COVID-19 information from AMH Health, LLC (May 1 update)

AMH Health is closely monitoring COVID-19 developments and how they will impact our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the CDC to help us determine what action is necessary on our part.

Summary

COVID-19 testing and visits associated with COVID-19 testing

AMH Health will waive cost shares for Medicare Advantage members — including copays, coinsurance and deductibles — for COVID-19 tests and visits associated with the COVID-19 test (including visits to determine if testing is needed). 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 connect patients with a test. The waivers apply to members who have individual, employer-sponsored, Medicare Advantage and Medicaid plans.

Telehealth (video + audio):

For 90 days effective March 17, 2020, AMH Health health plans will waive member cost shares for telehealth visits, including visits for annual wellness visits, mental health or substance use disorders, for our Medicare Advantage plans.

Cost sharing will be waived for members using our authorized telemedicine service, LiveHealth Online, and for telehealth received from other providers delivering virtual care through internet video and audio services.

Telephonic-only care

AMH Health will cover telephonic-only visits according to CMS guidelines for the Medicare program. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services for Medicare Advantage plans. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

AMH Health is also providing coverage for members to have an extra 30-day supply of medication on hand. We are encouraging that when member plans allow that they switch from 30-day home delivery to 90-day home delivery.

To help address providers' questions, we have developed the following list of frequently asked questions:

*LiveHealth Online is an independent company providing telehealth services on behalf of AMH Health, LLC.

Frequently asked questions

AMH Health's actions

What is AMH Health doing to prepare?

AMH Health is committed to help provide increased access to care while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system.

These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to our commitment to remove barriers and support communities through this unprecedented time.

AMH Health is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

How is AMH Health monitoring COVID-19?

AMH Health is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention to help us determine what, if any, action is necessary on our part to further support our stakeholders.

AMH Health has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

Our enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and the Virtual Command Center for Emergency Management command, control and communication.

In addition, AMH Health has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

AMH Health 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, AMH Health'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.

COVID-19 testing and treatment

Will AMH Health waive member cost shares for COVID-19 testing, visits and treatment associated with COVID-19 testing?

Yes. AMH Health will waive cost shares for our Medicare Advantage and Medicaid plan members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits, including treatment. Tests

samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing. The waivers apply to Medicare Advantage and Medicaid plans.

When member cost sharing has been waived (where permissible) by AMH Health as outlined in this FAQ for COVID-19 testing and visits associated with COVID-19 testing, telehealth (video + audio) services, and in-network telephonic-only services, how does that impact provider reimbursement?

AMH Health will process the claim as if there is no member cost sharing, as it does, for example, with preventative health services.

How is AMH Health reimbursing participating hospitals that perform COVID-19 diagnostic testing in an emergency room or inpatient setting?

Reimbursement for COVID-19 testing performed in a participating hospital emergency room or inpatient setting is based on existing contractual rates inclusive of member cost share amounts waived by AMH Health. As we announced on March 6, AMH Health will waive cost shares for members of our fully insured employer-sponsored, individual, Medicare Advantage, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

How is AMH Health reimbursing participating hospitals which are performing COVID-19 diagnostic testing in a drive thru testing setting?

Based on standard AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, AMH Health will recognize the codes 87635 and U0002, and will reimburse drive thru COVID-19 tests according to the lab fee schedule inclusive of member cost-share amounts waived by AMH Health. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with AMH Health inclusive of member cost share amounts waived by AMH Health. As we announced on March 6, AMH Health will waive cost shares for members of our fully-insured employer-sponsored, individual, Medicare Advantage, Medicaid and self-funded plan members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test.

Does AMH Health require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

Does AMH Health require use of a contracted provider for the COVID-19 lab test in order for waiver of the member's cost share to apply?

AMH Health will waive member cost shares for COVID-19 lab tests performed by participating and non-participating providers. This is applicable for our employer-sponsored, individual, Medicare Advantage and Medicaid plan members.

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

- AMH Health covers telehealth (i.e., video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, AMH Health will waive member cost share for telehealth (video + audio) visits, including visits for mental health or substance abuse disorders, for our Medicare Advantage plans for 90 days. Cost sharing will be waived for members using AMH Health, Inc.'s telemedicine service, LiveHealth

Online, as well as care received from other providers delivering virtual care through internet video + audio services.

Will AMH Health cover telephone-only services in addition to telehealth via video + audio?

AMH Health does not cover telephone-only services today (with limited state exceptions) but we are providing this according to CMS guidelines for the Medicare program. AMH Health will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. AMH Health will waive associated cost shares for in-network providers only, except where a broader waiver is required by law. 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.

Are providers for Medicare Advantage and MMP plans able to use other telehealth resources such as phone calls, Skype, FaceTime, and other non-AMH Health vendors to supply and receive telehealth services or will that violate our HIPAA policies and plan guidelines?

On its website, the Office for Civil Rights (OCR) states it:

“...will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

Providers can visit CMS' *Fact Sheet* to more information: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

What member cost-shares will be waived by AMH Health affiliated health plans for virtual care through internet video + audio or telephonic-only care?

Effective March 17, 2020, AMH Health's affiliated health plans will waive member cost share for telehealth (video + audio) visits, including visits for behavioral health, for our fully insured employer plans, Individual plans, Medicare Advantage plans and Medicaid plans where permissible for 90 days. Cost sharing will be waived for members using AMH Health's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

AMH Health will cover telephone-only medical and behavioral health services according to CMS guidelines for the Medicare program. AMH Health will waive associated cost shares for in-network providers only except where a broader waiver is required by law. 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.

Is 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 codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?

For telehealth (video + audio) visits, please bill according to the most current guidance from CMS for this service in the Original Medicare program.

What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?

For 90 days effective March 17, 2020, AMH Health will waive member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) "02" and modifier 95 or GT:

- Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168
- PT/OT treatment codes 97110, 97112, 97530, and 97535
- Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524
- ST treatment codes 92507, 92526, 92606, and 92609

PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139 - 97150, 97533, and 97537-97546.

Are Annual Wellness Visits being covered when performed via telehealth?

Yes. This service is covered for members using LiveHealth Online for their Annual Wellness Visits, as well as Annual Wellness Visits performed by other providers through virtual care via internet video + audio services.

How does a provider submit a telehealth visit with an existing patient that lives in a bordering state?

For providers (e.g., in bordering states) who were previously seeing members in approved locations that met state and/or CMS billing requirements, effective March 17, 2020 for the next 90 days, you may submit your telehealth claim using the primary service address where you would have normally seen the member for the face-to-face visit.

What other coding and informational resources are available for providers for telehealth?

Providers can visit these links to more information:

- CMS' Medicare telemedicine healthcare provider fact sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.
- CMS' list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

Coding, billing and claims

Does AMH Health 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/COVID-19-guidelines-final.pdf>.

Does AMH Health expect any slowdown with claim adjudication because of COVID-19?

We are not seeing any impacts to claims payment processing at this time.

What codes would be appropriate for COVID-19 lab testing?

AMH Health is encouraging providers to bill with codes U0001, U0002, U0003, U0004, 86328, 86769, or 87635 based on the test provided.

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

The member-facing blog (<https://www.anthem.com/blog/member-news/how-to-protect>) are great resources for members with questions and are being updated regularly.

AMH Health 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.

AMH Health members also can call the AMH Health 24/7 NurseLine at the number listed on their AMH Health ID card to speak with a registered nurse about health questions.

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify AMH Health of the new temporary address(es)?

Providers do not need to notify AMH Health of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with your current tax ID number.

Other

Do the guidelines contained in this FAQ apply to members enrolled in the AMH Health affiliated health plans in another BCBS Plan's service area?

AMH Health guidelines apply to AMH Health affiliated health plan's membership (members with AMH Health ID cards) wherever they reside, except where prohibited by law or local emergency guidelines. Each BCBS Plan may have different guidelines that apply to members of other Blue plans. Providers should continue to verify an individual's eligibility and benefits prior to rendering services.

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.

Do these guidelines apply to members enrolled in the Federal Employee Program (FEP®) through the Federal Employees Health Benefits Program?

Where permissible, these guidelines apply to FEP members. For the most up-to-date information about the changes FEP is making, go to <https://www.fepblue.org/coronavirus>.

What financial assistance is available for care providers during the COVID-19 crisis?

The CARES Act provides financial relief to lessen the impact of the COVID-19 crisis. Included in the law are new resources to address the economic impact of COVID-19 on employers of all sizes. The Act expands existing federal loan programs, creates new tax credits, postpones employment tax payments, and includes additional tax relief. To help care providers navigate the resources available to them, AMH Health has compiled information on programs we have learned about that could provide additional financial relief during this crisis. This information can be found [here](#).