

March 16, 2020

Good afternoon,

We're actively working to monitor the new Coronavirus disease—COVID-19—and its impacts to make sure we provide our members the care they need when they need it while supporting our providers.

Rest assured that we have business continuity plans in place. We'll continue to serve you and your patients online and over the phone.

Coverage for our members

We'll cover the cost of medically necessary COVID-19 tests waiving copays and deductibles. Your patients may have out-of-pocket costs if they get their insurance from a self-funded employer group who does not wish to cover the cost of this testing. Cost sharing applies to other services related to diagnostic testing such as blood draws.

Our member's plan benefits apply for any care received while in treatment for COVID-19. Learn more or share cost information with your patients using our [COVID-19 FAQ page](#).

Billing for COVID-19 lab tests

The Centers for Medicare and Medicaid Services (CMS) has released two codes for COVID-19 lab tests that can be used starting Apr. 1, 2020 for dates of services starting Feb. 4, 2020. Labs can use HCPCS code U0001 when using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel. Labs and health care facilities using other techniques for testing can bill U0002.

For more information, see the [CMS FAQ](#).

The Michigan Department of Health and Human Services (MDHHS) advises you complete the [Human Infection with 2019 Novel Coronavirus Person Under Investigation \(PUI\) and Case Report Form](#) if a patient tests positive for COVID-19.

Virtual visits billing and coverage

We encourage members to use virtual care if they believe they have symptoms (coughing, fever, breathing trouble) to avoid overwhelming health care providers and prevent further spreading the virus. As a reminder of the options available for billing virtual visits, see [telephone visits, e-visits and hosted visits](#).

Certain telehealth codes can only be billed by physicians, while other codes can be billed by physicians or qualified health professionals (QHPs). QHPs are credentialed by Priority Health. They include RNs, certified NPs, PA-Cs, licensed masters social workers (LMSWs), psychologists (LLPs and PhDs), certified diabetes educators (CDEs), registered dietitians and Masters'- trained nutritionists, clinical pharmacists and respiratory therapists. [Learn more about billable codes on our virtual visits billing page](#).

For most members on non-health savings account (HSA) plans, virtual visits are covered in full. HSA members are responsible for the allowed amount of the virtual visit, ahead of their deductible.

Understanding the impact to risk-based contracts and pay-for-performance programs

We'll be monitoring the potential impact to your risk-based contracts and our pay-for-performance programs. We're committed to keeping you informed and working with you through this evolving situation.

More information

Information for providers is also available from the [CDC](#).

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