

# COVID-19

## Benefit and Reimbursement Policy

### Frequently Asked Questions (FAQ)



Updated June 3, 2020 | → indicates new or revised content

This document is intended to answer the most common benefit and coding questions we've received from our provider community in response to the COVID-19 pandemic. Statements in this document address the most urgent needs of our provider community. This FAQ will be updated as additional information is available.

#### Is PacificSource covering the cost of COVID-19 diagnosing and tests with no member cost share (deductible, coinsurance, copay)?

Yes, PacificSource is covering the cost of COVID-19 testing performed by in network providers with no member cost share. Tests provided by out of network providers will be paid at the same benefit as our in-network benefit. This benefit has been extended through the end of August 2020. Out-of-network Washington labs should contact PacificSource to discuss payment.

#### → What HCPCS/CPT codes should be billed for COVID-19 test?

Please use the following codes to report COVID-19 laboratory tests.

Code	Description
U0001	Test for SARS-CoV-2 (CDC laboratory test)
U0002	Test for SARS-CoV-2 (non-CDC laboratory test)
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types, 14 targets (adenovirus, coronavirus, human metapneumovirus)
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus)
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus)
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source.
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source.
87635	Infection agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique.
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease COVID-19)

## Should I administer the COVID-19 test to any of my patients who request it?

The CDC has testing guidance available, please visit [CDC.gov/coronavirus/2019-ncov/symptoms-testing/testing.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html).

## Is PacificSource covering any other COVID-19 related services with no member cost share?

PacificSource is waiving member out-of-pocket costs for COVID-19 testing and diagnosis-related office visits, urgent-care visits, telemedicine visits, ER visits, testing, and radiology if billed with one of the COVID DX codes. PacificSource providers are instructed to not collect copay/coinsurance or deductibles for visiting and testing services. Other services not specified above will adhere to the member's cost share under their standard benefit.

Services provided by out-of-network providers will be paid at the same benefit as our in-network benefit. These benefits have been extended through the end of August 2020.

## → If a lab bills for the COVID-19 test, how will PacificSource know that the doctor's office visit on a separate claim is related to the COVID-19 test?

PacificSource is recognizing claims with a combination of any of the following diagnosis and procedure codes for full coverage with no member cost share. See the CDC update here: [CDC.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf](https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf).

Condition	ICD-10 Diagnosis Codes
Pneumonia, confirmed as due to COVID-19	J12.89, B97.29
Acute bronchitis, confirmed as due to COVID-19	J20.8, B97.29
Bronchitis NOS, confirmed as due to COVID-19	J40, B97.29
Acute/lower respiratory infection NOS, confirmed as due to COVID-19	J22, B97.29
Respiratory infection NOS, confirmed as due to COVID-19	J98.8, B97.29
Acute respiratory distress syndrome, confirmed as due to COVID-19	J80, B97.29
Possible exposure to COVID-19, condition ruled-out	Z03.818
Exposure to confirmed COVID-19	Z20.828
Coronavirus infection, unspecified	B342
nCoV acute respiratory disease	U071
SARS-associated coronavirus as the cause of diseases classified elsewhere	B9721
Pneumonia due to SARS-associated coronavirus	J1281

## How long will PacificSource be extending these member benefits with no member cost share?

PacificSource will be extending these member benefits with no cost share until the end of August 2020. PacificSource will continue to evaluate as needed.

**→ How is PacificSource addressing the needs of your members who choose to practice social distancing by not visiting clinics, yet need to seek medical or behavioral help?**

We have expanded coverage to allow the following provider types to bill appropriate Evaluation-and-Management-type services that can be performed in real time via telehealth.

- Physicians
- Nurse Practitioners
- Nurse-Midwives
- Physician Assistants
- Naturopathic Physicians
- Clinical Nurse Specialists
- Registered Dietitians or Nutrition Professionals
- Clinical Psychologists
- Clinical Social Workers and other mental health providers as outlined in member's benefit
- Certified Registered Nurse Anesthetists
- FQHC and RHC Providers
- Speech Therapists, Occupational Therapists, and Physical Therapists

**→ How long will PacificSource allow physical therapists, speech therapists, and occupational therapists to perform telehealth?**

PacificSource will continue to follow state and federal requirements and billing guidelines for telehealth.

**→ How do you define "telehealth" services?**

Telehealth, or telemedicine, refers to consultations with a qualified healthcare professional provided in real-time over an electronic mechanism. These services are rendered to patients using electronic communications, such as telephone, online audio, and/or video conferencing. PacificSource will allow services by telephone only if synchronous, two-way video is not available during COVID-19.

**→ What is the difference in the copayment a member will be charged for services not related to a COVID-19 diagnosis?**

For services that a provider also bills for when done in the office (e.g., office visit E&M code, psychotherapy visit codes), they will be processed under comparable benefits (such as office and home visits or mental health office visits), regardless of whether they were done in the office or over the phone/video. For services that a provider would only bill as telehealth (i.e., specific telephone-visit-only codes), those would fall under the telehealth/telemedicine benefit and take the lower copay (shown as telemedicine visits on benefit summary) if applicable for the plan.

**→ Can providers offer telehealth via FaceTime, Skype, etc., during COVID-19?**

We are encouraging providers to use synchronous video and telephone when rendering care. PacificSource supports the above methods of telehealth providing the enforcement discretion from the Office of Civil Rights is in place [HHS.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html).

**→ Must I still ensure a member's language needs are met if a visit is via telehealth?**

The expectation for meeting a member's language needs are the same whether the member is seen face to face in the office or if services are rendered through telehealth. For example, ask if the member needs language assistance and schedule interpreter services during the visit.

→ **Given the broad range of services for which patients may need telehealth coverage and the various mediums for telehealth delivery, how can I indicate telehealth services on my claim?**

For Medicare, PacificSource is following CMS (Centers for Medicare and Medicaid Services) billing guidelines. Claims with POS (place of service) 02, will process at the Facility RVU rate and claims with POS 11 and appropriate modifier will be reimbursed at the nonfacility rate. For Medicaid and commercial plans, claims will continue to process at the nonfacility RVU. Please see [CMS.gov/files/document/03092020-covid-19-faqs-508.pdf](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf).

PacificSource will reprocess claims from dates of service (DOS) March 1, 2020, through May 31, 2020, at the nonfacility rate when the claim had been billed with POS 02.

→ **Are therapy codes that call out direct patient contact approved to be rendered via telehealth (97129, 97130, 97530, 97535, and 97537)?**

Yes, services indicating “direct patient contact” including, but not limited to, the codes above are covered during COVID-19.

→ **During COVID-19, are remote patient monitoring codes payable via telehealth?**

Yes, codes 99453, 99454, 99091, 99473, 99474, 99457, and 99458 are covered during COVID-19 for commercial, Medicaid, and Medicare lines of business.

**Are Annual Wellness Visits (AWV) able to be reimbursed via telehealth for codes G0438 and G0439?**

Yes, these HCPC codes are noted on CMS Medicare approved code list. See [AWV Component Guide](#).

**Are self-insured companies offering the same benefits through PacificSource to their members?**

Self-insured companies determine if they will provide the same benefit that PacificSource is providing for fully insured groups. Most of our self-insured groups have decided to provide the same benefits. Providers can contact PacificSource Customer Service for questions about specific groups.

**What is PacificSource doing to ensure access to medications for your members?**

PacificSource is taking additional steps to support our members filling prescriptions, including:

- PacificSource is increasing access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member’s benefit plan).
- PacificSource is encouraging members to take advantage of their ability to obtain a 90-day prescription supply via mail order or approved retail pharmacies (consistent with a member’s benefit plan).

**How do I know if a service or medication requires a prior authorization?**

To determine if a service and or medication requires preauthorization, consult our Prior Authorization Grid ([Authgrid.PacificSource.com](https://authgrid.pacificsource.com)). If the service requires preauthorization when done in-person, then preauthorization is required when done as telehealth. Medication coverage status and prior authorization requirements by line of business can be found here:

- Commercial: [PacificSource.com/drug-list](https://www.pacificsource.com/drug-list)
- Medicare Advantage: [Medicare.PacificSource.com/search/drug](https://www.pacificsource.com/search/drug)
- Medicaid: [CommunitySolutions.PacificSource.com/search/drug](https://www.pacificsource.com/search/drug)

## How do I know if a service is covered under the Oregon Health Plan (OHP)?

This can be identified by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly. ([InTouch.PacificSource.com/LineFinder](https://www.pacificsource.com/linefinder))

## Who can I contact if I have additional questions about PacificSource's coverage of my COVID-19 related services or other needs during this pandemic?

Our Provider Service Team stands by ready to talk through your concerns. You can contact us at:

- Idaho and Montana: (541) 246-1459, or toll-free (855) 247-7579
  - Oregon and Washington: (541) 246-1457, or toll-free (855) 247-7575
- 

### Resources:

- CMS Fact Sheet Medicare FAQ:  
[CMS.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)
- OHA Fact Sheet:  
[Oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf](https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf)
- CMS Provider Quality Reporting FAQ:  
[CMS.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting](https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting)