

Information from Anthem for Care Providers about COVID-19 (UPDATED March 19, 2020)

Published: Mar 19, 2020 - Administrative

Anthem will update FAQs as more information becomes available. Providers should visit the [Provider News](#) homepage for the latest information from Anthem about COVID-19.

Anthem is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Anthem has developed the following frequently asked questions:

What is Anthem doing to prepare?

Anthem is committed to help provide increased access to care, while eliminating costs and 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 the commitment of Anthem's affiliated health plans to remove barriers for their members and support communities through this unprecedented time.

Anthem 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.

We are lifting out-of-pocket costs for members to:

- see a telehealth provider for physical or behavioral health
- access diagnostic testing for COVID-19
- visit a doctor's office, urgent care or emergency department to get tested

- access a free COVID-19 symptom checker and text or videochat with doctors

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

Anthem 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.

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

How is Anthem monitoring COVID-19?

Anthem's 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 Anthem's Virtual Command Center for Emergency Management command, control and communication.

In addition, Anthem 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.

Does Anthem 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/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Will Anthem cover member out-of-pocket costs related to testing and related visits for COVID-19?

Out-of-pocket expenses—inclusive of copays, coinsurance and deductibles for COVID-19—are waived for tests and related visits, 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 help you get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Also, Anthem will waive member cost share for telehealth visits, including visits for behavioral health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans. Self-insured plan sponsors will have the choice to participate.

Cost sharing will be waived for members using Anthem’s telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care will be waived for 90 days, beginning March 17. Co-pays for physical and behavioral telehealth visits for health conditions will be waived.

For additional services, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Is Anthem waiving out-of-pocket expenses when a member needs health care services from a doctor or a hospital related to COVID-19 that doesn’t involve diagnostic testing?

No, the waiver of out-of-pocket expenses relates to testing and visits, including visits to determine if testing is needed, that are related to testing. For care unrelated to COVID-19 test or the visit associated with the test, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation.

There is an exception. Anthem will waive any member cost share for telehealth visits, including visits for mental health, for our fully insured employer, individual, Medicare and Medicaid plans for 90 days as of March 17. Cost sharing will be waived for members using Anthem’s telemedicine service, LiveHealth Online, as well as care received from other telehealth providers. Self-insured plan sponsors will have the choice to participate.

Is Anthem waiving member copays associated with LiveHealth Online and other telehealth visits for COVID-19?

Anthem will waive member cost share for telehealth visits, including visits for mental health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, beginning March 17.

Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care. Co-pays for physical and behavioral telehealth visits for health conditions will be waived. Self-insured plan sponsors will have the choice to participate.

What services are appropriate to provide via telehealth?

Anthem covers telehealth (i.e., video + audio) services for providers who have access to those platforms/capabilities today.

Effective March 17, 2020, Anthem's affiliated health plans will waive member cost share for telehealth (video + audio) visits, including visits for mental health, for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans where permissible for 90 days. Cost sharing will be waived for members using Anthem'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.

Will Anthem cover telephone only services in addition to telehealth via video + audio?

Anthem does not cover these services today (with limited state exceptions) but we are providing this coverage for 90 days effective March 19, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for Plan members during extended periods of social distancing. Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem 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.

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

Based on standard coding guidelines from the AMA and HCPCS, Anthem would recognize telehealth modifiers 95 or GT that are appended with office visit codes 99201-99215, for reimbursement as a telehealth service. Anthem also recognizes, but does not require Place of Service (POS) code "02" for reporting telehealth services.

Can members get their out-of-pocket expenses waived to see their own doctor via telehealth?

Members can get their out-of-pocket expenses waived for COVID-19 visits if their doctor uses a telehealth platform.

Does Anthem 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.

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

Anthem 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, Anthem'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.

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.

Is Anthem's vendor, 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.

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

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

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

Anthem.com and Anthem's 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.

Anthem 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.

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

Please call the Provider Call Center number on the back of the member's ID card if you have questions or need additional information. [Provider Call Center](#) information is also available on our website.

URL: <https://providernews.anthem.com/new-hampshire/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-2>

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