COVID-19 FAQ for Providers

General

Q. What is Fallon doing to address COVID-19?
A. We are monitoring developments and following guidance from the CDC and state Departments of Public Health, particularly at our PACE sites in Massachusetts and New York. We are also educating employees and members on steps they can take to prepare and stay healthy, and we are continually assessing whether emergency preparedness plans and modifications to plan practices need to be implemented. We have set up a toll-free COVID-19 help line that members can call with questions. That number is 1-877-835-8440.

Q. Is Fallon complying with the Massachusetts Division of Insurance Bulletins 2020-02 and 2020-04 regarding COVID-19 testing and treatment?
A. Yes. Fallon is implementing the guidance provided in the DOI bulletins.

Billing

Q. How should I bill services related to COVID-19?
A. For members with a confirmed COVID-19 diagnosis, providers should use the following coding effective April 1: U07.1, 2019-nCoV acute respiratory disease. Until then, please use the most appropriate dx code. You should also utilize the appropriate HCPCS code U0001 (2019-NCOV DIAGNOSTIC P) and U0002 (NON CDC LAB SARS-COV 2/2019-nCOV) and AMA CPT code 87635 when billing for testing. Additionally, the CDC had provided interim guidance for coding encounters related to COVID-19:

- For pneumonia confirmed as due to COVID-19, assign codes J12.89, other viral pneumonia and B9729, other coronavirus as the cause of diseases classified elsewhere
- For acute bronchitis confirmed as due to COVID-19, assign codes J20.8; acute bronchitis due to other specified organisms and B97.29, other coronavirus as the cause of diseases classified elsewhere
• For bronchitis NOS confirmed as due to COVID-19, assign codes J40, Bronchitis, not specified as acute or chronic, and B97.29 Other coronavirus as the cause of diseases classified elsewhere

• For lower respiratory infection NOS or acute respiratory infection NOS, confirmed as due to COVID-19, assign codes J22, Unspecified acute lower respiratory infection, and code B97.29, Other coronavirus as the cause of diseases classified elsewhere

• For respiratory infection, NOS, confirmed as due to COVID-19, assign codes J98.8, Other specified respiratory disorders, and code B97.29 Other coronavirus as the cause of diseases classified elsewhere

• For acute respiratory distress syndrome (ARDS) confirmed due to COVID-19, assign codes J80, Acute respiratory distress syndrome, and B97.29 Other coronavirus as the cause of diseases classified elsewhere

• For exposure to COVID-19:
  o For cases where there is concern about a possible exposure to COVID-19, but it is ruled out after evaluation, it would be appropriate to assign code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
  o For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases

**Coverage/Member cost-sharing**

Q. Will Fallon cover the cost of a laboratory test to diagnose COVID-19?
A. Yes. And Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling.

Q. Will Fallon cover treatment of COVID-19?
A. Fallon will cover medically necessary COVID-19 treatment in accordance with guidelines from the CDC and the Massachusetts Department of Health. Fallon members will pay no copayments for this treatment, but depending on their plan, they may be responsible for other cost-sharing, i.e. deductibles or coinsurance.

Q. Will Fallon cover the cost of a COVID-19 vaccine when it’s made available?
A. Yes. Once a vaccine is made available, Fallon will cover the cost and members will have no cost sharing if they choose to be vaccinated. Fallon also covers the flu shot vaccination and we recommend that all members receive the flu shot.

Q. Will Fallon cover hospital stays for members diagnosed with COVID-19?
A. Fallon covers hospital stays for medically necessary care requiring acute hospital level of care. Specifically, for members with COVID-19 or suspected COVID-19, Fallon covers acute hospital stays for those individuals with supportive care needs requiring acute hospital level of care.
Q. Will Fallon waive deductible and/or cost-sharing requirements for enrollees with costs related to COVID-19 testing or treatment?
A. Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling at in-network doctors’ offices, urgent care centers and emergency rooms. Fallon will also cover medically necessary COVID-19 treatment at in-network doctors’ offices, urgent care centers and emergency rooms in accordance with guidelines from the CDC and the Massachusetts Department of Health. Fallon members will pay no copayments for treatment, but may be responsible for other cost-sharing, such as co-insurance or deductibles.

Q. Are referrals required for any services for members of Fallon Medicare Plus and NaviCare during the state of emergency?
A. While we are encouraging all Fallon members to contact their primary care provider first for discussion and guidance, referrals will not be required for members of these plans during the state of emergency. Per guidance from the Centers for Medicare & Medicaid Services, members of Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare do not require referrals when seeking testing or treatment for COVID-19. While we reconfigure our systems to adjust for this change, we will re-adjudicate any claims dating back to January 27, 2020.

Q. Will Fallon cover out-of-network providers for testing and treatment of COVID-19?
A. When medically necessary testing, counseling and treatment are not available from in-network providers, Fallon will cover those services when received from out-of-network providers.

Q. Should we be collecting copayments and/or other cost-sharing from Fallon patients whose services are being billed with COVID-19 diagnosis code?
A. Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling. Fallon will also cover medically necessary COVID-19 treatment in accordance with guidelines from the CDC and the Massachusetts Department of Health. Fallon members will pay no copayments for treatment, but may be responsible for other cost-sharing, such as coinsurance or deductibles. Please bill accordingly.

Q. Are you adhering to the 90-day suspension of prior authorization for discharge to home health, rehab and skilled nursing facilities? What is your prior authorization process for post-acute admissions?
A. Fallon Health will still require notification of the admission and use of contracted facilities. Providers will need to fax Fallon the SNF/Acute Rehab Admission Review Request Form (or the Universal Standard Prior Authorization Form) to 1-508-368-9014.

We will be conducting concurrent review and retrospective review in some cases. Please continue to adhere all guidelines for coverage (IQ, CMS, Medicaid, etc.) You may contact Fallon directly in advance of the post-acute transfer to ensure coverage. In the event you are unable to locate a facility to accept the member, please contact us directly and we will provide assistance.
**Telemedicine**

**Q. Will Fallon cover telemedicine services to ensure access to care while reducing the opportunities for disease transmission?**

A. Yes. Fallon is covering telemedicine visits for all members for both COVID-19 and non-COVID-19 related services with no copayments for all members. Members of a HDHP plan will have no copayment once their deductible is met. Network providers can bill directly for telemedicine visits.

With the exception of COVID-19 related services, referrals and prior authorization requirements for services are the same as similar services delivered in person. For COVID-19 related services, there are no referral or prior authorization requirements. Additionally, providers will be reimbursed at the same rate as an in-person visit. For full details of the policy, please visit the payment policies page on our provider portal at [http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx](http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx).

Additionally, Fallon members who have the Teladoc benefit and/or NurseConnect can also use those channels to receive medical services or advice.

**Q. What provider types/services done via telemedicine will be covered?**

A. The following providers are eligible to furnish telehealth services (subject to State law):

- Physicians, podiatrists, optometrists
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals

**Q: Should a provider bill 99441-99443 and 98966-98968 when conducting a telephonic visit?**

A: Providers should consult the Telemedicine Policy located on our payment policies page on our provider portal at [http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx](http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx) for the most appropriate code which would have otherwise been billed if services were provided in the office. Then, append the 95 modifier and Place of Service 02 for telehealth services.