



COVID-19 FAQ for Providers

Last updated: 8/28/2020

Please note that changes/additions from the previous document are highlighted in yellow.

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 all Massachusetts Division of Insurance (DOI) bulletins and all MassHealth Managed Care Entity (MCE) bulletins regarding COVID-19 testing and treatment?

A. Yes. Fallon is implementing the guidance provided in the DOI bulletins and the MCE bulletins.

Q. Is Fallon paying for COVID-19 supplies such as tents, security, PPEs, etc?

A. We understand that the situation we are in with COVID-19 is unprecedented. The Governor of Massachusetts has recently announced an \$800 million investment for health care providers across the state that have been disrupted and financially strained by the coronavirus outbreak. To learn more, we encourage providers to visit this website: <https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>

And through the CARES act, the federal government will provide \$100 billion in relief funds to hospitals and other health care providers on the front lines of the coronavirus response. We encourage you to visit the HHS website to learn more: <https://www.hhs.gov/provider-relief/index.html>

We encourage our providers to look into these federal funding mechanisms. However, Fallon will not be paying for protective supplies as part of normal business.

Q. Has Fallon agreed to all of the Massachusetts Hospital Association proposed policies?

A. Like other members of MAHP (Massachusetts Association of Health Plans), Fallon has agreed to most of the MHA proposed policies. These policies include:

- The suspension of prior authorization review for scheduled surgeries or admissions at hospitals that are unrelated to COVID-19 for 60 days, so long as notification within 48 hours occurs and Fallon retains the ability to conduct retrospective review. Should the public health emergency continue beyond 60 days, MAHP member plans will reassess.
- To process “clean claims” as expeditiously as possible.
- MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance.

Q. Is Fallon suspending sequestration reductions on claims payments?

A. Yes. In compliance with the CARES act, Fallon will suspend sequestration reductions on claim payments to providers for services rendered to Fallon Health Medicare Advantage members beginning on May 1, 2020 through December 31, 2020. However, if sequestration is further extended, Fallon will comply with the extended timeframe.

Q. Is Fallon expediting credentialing for providers of COVID-19-related services?

A. Yes. We are expediting credentialing for clinicians who are directly assisting with COVID-19-related services. We will credential these providers for 180 days on a provisional basis. You can download the form that needs to be filled out for the expedited process at the link below.

[https://www.hcasma.org/attach/HCAS-Provider-Enrollment-Form\(MS%20Word\).doc](https://www.hcasma.org/attach/HCAS-Provider-Enrollment-Form(MS%20Word).doc)

Billing

Q. How should I bill for COVID-19 related testing?

A. For testing, providers should utilize the appropriate HCPCS or CPT code:

- U0001 CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
- U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
- 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

- AMA CPT code 87635 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
- AMA CPT code 87426 Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])

Q. What diagnosis codes should I use for COVID-19 related services?

A. On April 1, 2020, the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), issued updated Coding and Reporting Guidelines for COVID-19 effective for discharges and encounters with dates of service April 1, 2020 to September 30, 2020. This updated guidance is available at: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>. For discharges and encounters with dates of service prior to April 1, 2020, refer to Interim Guidance available at: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

Coding for discharges and encounters with dates of service prior to April 1, 2020:

- For pneumonia confirmed as due to COVID-19, assign codes J12.89, Other viral pneumonia, and B97.29, 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.

Coding for discharges and encounters with dates of service on or after April 1, 2020 to September 30, 2020:

For plan members with a confirmed COVID-19 diagnosis, use ICD-10-CM code U07.1, 2019-nCoV acute respiratory disease as the primary diagnosis on claims for discharges and encounters with dates of services on or after April 1, 2020, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients (codes from Chapter 15: Pregnancy, Childbirth, and the Puerperium always take sequencing priority). A diagnosis of COVID-19 is considered confirmed when documented by the provider, or with documentation of a positive or a presumptive positive COVID-19 test result.

- For pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

- For acute bronchitis confirmed as due to COVID-19, assign codes U07.01, COVID-19, and J20.8, Acute bronchitis due to other specified organisms.
- For bronchitis NOS confirmed as due to COVID-19, assign codes U07.01, COVID-19, and J40, Bronchitis, not specified as acute or chronic.
- For lower respiratory infection NOS or acute respiratory infection NOS, confirmed as due to COVID-19, assign codes U07.01, COVID-19, and J22, Unspecified acute lower respiratory infection.
- For respiratory infection, NOS, confirmed as due to COVID-19, assign codes U07.01, COVID-19, and J98.8, Other specified respiratory disorders.
- For acute respiratory distress syndrome (ARDS) confirmed due to COVID-19, assign codes U07.01, COVID-19, and J80, Acute respiratory distress syndrome.
- For plan members with COVID-19 in pregnancy, childbirth and the puerperium, assign codes O98.5, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by U07.01, COVID-19, and the appropriate codes for associated manifestations.

Coding for encounters where there is concern about a possible or actual exposure to COVID-19:

- 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.
- 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.

Q. If a provider doing work outside of their normal scope (i.e., an anesthesiologist working in the Emergency room), will Fallon cover their services?

A. If the work being done by the provider in question is included in their credentialed scope of service, and if our provider contract is set up to pay this type of claim, Fallon will pay these claims.

Q. Will providers receive full payment for services rendered when the member has no cost-sharing?

A. Yes. Providers will receive full payment for services rendered—including the member cost-share amount—based on their fee schedule.

Coverage/Member cost-sharing

Q. Will Fallon waive deductible and/or cost-sharing requirements for enrollees with costs related to COVID-19 testing or treatment?

A. Yes. Fallon members will have no cost-sharing for medically necessary COVID-19 services until further notice.

Q. What COVID-19 related testing is Fallon covering?

A. Fallon is covering COVID-19 diagnostic testing based on CDC and other regulatory guidance. If a provider orders a COVID-19 diagnostic test based on medical necessity, i.e. the patient exhibits symptoms or has been exposed to a known COVID-19 positive individual, that test will be covered with no cost-sharing to the member. Please note that Federal guidelines do not support the use of antibody testing to diagnose or exclude COVID-19 infection. Therefore, Fallon Health requires prior authorization for COVID-19 antibody testing.

Q. Is Fallon covering specimen collection for COVID-19 diagnostic testing?

A. Until further notice, Fallon is covering specimen collection for COVID-19 diagnostic testing. Fallon will then evaluate the continued need for flexibilities related to COVID-19. Please see the Laboratory and Pathology Payment Policy for the applicable CPT and HCPCS codes for details: <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>.

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. Are referrals required for any services for Fallon Health members while the applicable Massachusetts Executive Order is in effect?

A. **For Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare:** while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from the Centers for Medicare & Medicaid Services, referrals will not be required for members of these plans until further notice.

A. **For Medicaid ACO Plans: Fallon 365 Care, Wellforce Care Plan, and Berkshire Fallon Health Collaborative:** while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from MassHealth, referrals will not be required for members of these plans until further notice.

A. **For Fallon Commercial products and Community Care:** PCP referrals are still required for applicable services.

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 services, so you should not collect any copayments and/or other cost-sharing for services billed as COVID-19, until further notice.

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.

Q. Will Fallon extend home health authorizations for more than 30 days?

A. Yes. Upon request, we are extending previously approved home health authorizations for up to 90 days. A change in care will require review.

Q. Is Fallon covering a 90-day supply of non-pharmaceutical supplies, i.e., durable medical equipment, formula, wound care supplies, etc.?

A. Fallon is allowing up to a 90-day supply of standard items with notification from the provider. Authorizations are extended accordingly, upon notification.

Telemedicine

Q. Is Fallon covering telemedicine services to ensure access to care while reducing the opportunities for disease transmission?

A. Yes. **Until further notice**, Fallon is covering telemedicine visits for all members for both COVID-19 and non-COVID-19 related services with no cost sharing for all members. Network providers can bill directly for telemedicine visits.

Additionally, until further notice, for telehealth visits 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>.

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 are covered?

A. **Until further notice**, the following providers are eligible to furnish telehealth services:

- 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

- Physical therapists
- Occupational therapists
- Speech-language pathologists
- Early Intervention providers (see Early Intervention Payment Policy for additional information)

Q. is Fallon covering PT/OT/ST services when delivered telephonically?

A. Yes. Members of commercial products and Fallon 365 Care, Berkshire Fallon Health Collaborative, and Wellforce Care Plan can access PT/OT/ST services through both telephonic and video telehealth visits. Members of Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare can access PT/OT/ST services through video telehealth visits, and some services through telephonic visits. All cost sharing for medically necessary telehealth services will be waived. This will be effective until further notice. For reimbursement information and coding, 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>

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

A: Yes and providers could 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> for specific details. For commercial, Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare telephone services, Fallon has created and added these codes to a newly created fee schedule(s) titled Fallon Health Telephone Fee Schedule. Please contact your Contract Manager for any questions related to this Fee Schedule.

Q. Is Fallon covering preventive visits when performed via telehealth?

A. Preventive visits are critical to ensuring the health and well-being of plan members. Until further notice, Fallon will reimburse plan providers for a preventive visit delivered via telehealth when a preventive visit is clinically appropriate for the plan member (i.e., the physical examination can be deferred) and the plan member has consented to the telehealth visit. Documentation must include a follow-up plan for any components of the preventive visit deferred due to telehealth. Claims for Preventive Medicine Services and any additional services reported in addition to the Preventive Medicine Service delivered via telehealth, must be submitted with Place of Service 02.

For those preventive visits delivered via telehealth, there are components of a Preventive Medicine Service that cannot be completed via telehealth. These components should be completed as soon as possible.

When a Preventive Medicine Service has been delivered via telehealth and reimbursed by Fallon Health:

- **For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare and Summit Elder Care plan members**, Fallon will reimburse one in-person follow-up Evaluation & Management (E/M) Service to complete the components of the

Preventive Medicine Service not performed on the day of the Preventive Medicine Service. The follow-up E/M Service can be billed with CPT code 99211, 99212 or 99213, depending on the complexity of the visit. Additional services, such as immunization administration and visual acuity screening, may be reported in addition to the E/M Service.

- **For commercial, Fallon Medicare Plus and Fallon Medicare Plus Central plan members:** Fallon will not reimburse an additional Preventive Medicine Service or E/M Service to complete components of the Preventive Medicine Service not performed via telehealth. Immunization administration and visual acuity screening will be reimbursed.