Information for Providers on Coronavirus (COVID-19)

Harvard Pilgrim is prepared to support all our constituents — members, providers, employers and the community — in managing the coronavirus global pandemic. With guidance from the Centers for Disease Control, state health departments, and other relevant health organizations, Harvard Pilgrim is adapting our policies and business operations as needed to support prevention of the spread of COVID-19 and ensure that members can access necessary testing and treatment for the virus. We offer the following information to our network providers to aid you in responding to COVID-19.¹

Ensuring business operations

Harvard Pilgrim has an established business plan to ensure continuity of our critical business functions remotely. One area of focus is ensuring that our customer service teams are well informed about evolving policy and procedures, so they can respond effectively to questions and issues that may arise as a result of the COVID-19 pandemic.

Testing for COVID-19

- Harvard Pilgrim will cover COVID-19 testing in full without member cost-sharing (copayments, deductibles, and coinsurance).
- Coding guidance:
  - Harvard Pilgrim will pay for all medically necessary testing billed with HCPCS U0001 for CDC labs or HCPCS U0002 or CPT 87635 for non-CDC lab testing. The American Medical Association (AMA) recently approved code 87635 for use in COVID-19 testing; for more information, please refer to the AMA’s recent coding guidance. Code 87635 is not applicable for Medicare Advantage.
  - When billing with any of these codes, please use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1. When submitting COVID-19 related claims, follow the appropriate CDC guidance on diagnosis coding for the date of service; please refer to the CDC’s diagnostic coding guidance for additional information.
  - For any patients who test positive for COVID-19, please use U07.1 (2019-nCoV acute respiratory disease), consistent with CDC and World Health Organization guidelines. In the event the provider’s system is not configured to accept U07.1 yet, please use B97.29 instead.
- Members will have access to out-of-network providers for COVID-19 testing when no in-network providers are available.

Treatment for COVID-19

- Harvard Pilgrim will cover COVID-19 treatment in full without member cost sharing (no copayments, deductibles, or coinsurance) for all our fully insured commercial, Medicare Advantage, Medicare Supplement, and Medicare Enhance plans.

¹ Applies to our fully insured, Medicare Advantage, Medicare Enhance, and Medicare Supplement plans. While self-insured employer groups determine application of cost share for their accounts, nearly all are consistent and have waived cost-sharing requirements for these services. Fidelity plans, however cost-sharing will apply to telemedicine/telehealth services that are not COVID-19 related.
• When billing for services for a member with a confirmed COVID-19 diagnosis, please use U07.1, consistent with CDC and World Health Organization guidelines. In the event the provider’s system is not configured to accept U07.1 yet, please use B97.29 instead.
• Harvard Pilgrim will cover the cost of a COVID-19 vaccination when it becomes available.

Telemedicine/Telehealth

• As telemedicine visits may help limit the spread of the disease, Harvard Pilgrim is emphasizing telemedicine services to our members and expanding the scope of our telemedicine coverage for telephone only, audio/video, and e-visits. We have developed an interim Telemedicine and Telehealth Payment Policy to provide guidance for providers and office staff, including billing/coding guidance for our commercial products. Please refer to CMS guidelines for billing instructions for Medicare Advantage.
  o To ensure that your commercial claim processes correctly, in addition to your standard claim coding it’s important to report all telemedicine/telehealth services with POS 02 with an appropriate modifier.
• Harvard Pilgrim is waiving the cost share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in-network providers (effective for dates of service beginning March 6, 2020)
  o Commercial products: Harvard Pilgrim will provide the same coverage for out-of-network providers as well.
  o Medicare: For COVID-19 services only, Harvard Pilgrim will provide the same coverage for out-of-network providers.
• Harvard Pilgrim is waiving referral requirements for all telemedicine/telehealth services, not only COVID-19 claims. (Be sure to include POS 02 on the claim.)
• Members are encouraged to utilize any in-network provider who offers telemedicine services or they may access our Doctors on Demand program, where applicable. Any in-network provider with the capability can begin offering telemedicine/telehealth services, provided that the services rendered are clinically appropriate and medically necessary; no contractual changes are needed to begin offering telemedicine/telehealth.

Prior Authorization Policies

We understand that these are unprecedented times and that certain accommodations are needed to support health care providers in focusing their resources on coronavirus patients. To that end, Harvard Pilgrim is adapting our prior authorization policies for commercial and Medicare plans as follows:

• Suspending prior authorization requirements for medically necessary home health care services following an inpatient admission for 90 days. Plan of care for home health services must be established and approved in writing by a physician. Harvard Pilgrim will require notification and may continue to apply concurrent review.
• Suspending prior authorization requirements for medically necessary inpatient acute rehabilitation (IRF/LTAC) and skilled nursing facilities (SNF) following a hospital admission for 90 days. Hospitals should use their best efforts to transfer members to in-network providers. Please refer to this list of in-network IRF/LTAC and SNF facilities for guidance. Harvard Pilgrim will require notification and may continue to apply concurrent review.
• Applying Out-of-Network (OON) Default Rates for Rehab and SNF. In cases where a commercial member is discharged to an out-of-network rehabilitation or SNF facility, Harvard Pilgrim will negotiate a rate with the OON facility within 48 hours of notification, or if no agreement is reached, will
reimburse at the Medicare equivalent rate. For Medicare members, Harvard Pilgrim will pay Medicare rates. Out-of-network facilities may not balance bill the member.

We’re continuing to monitor the situation and will share updates on interim policies as they become available.

**Pharmacy Information**

- Members may get a one-time early refill of covered maintenance prescription medications for up to a 90-day supply at usual cost sharing (i.e., copays, deductibles and coinsurance). Members can do so utilizing our mail order program, OptumRx Home Delivery, or any participating pharmacy that fills 90-day prescriptions. Please note that certain controlled substances may not be eligible for early fills.
- To ensure continuity of care during this pandemic, Harvard Pilgrim is extending active prescription drug authorizations obtained via Optum Rx. Any prescription drug prior authorization that will expire by June 1, 2020 will be extended by 90 days.
- Harvard Pilgrim will monitor drug shortages and access issues. If a medication is placed on back order and/or becomes inaccessible, Harvard Pilgrim will evaluate the formulary status of the impacted class of drugs and make modifications to provide coverage of therapeutic alternatives. Therapeutic alternatives may be subject to different member cost sharing.
- Quantity Limits for hydroxychloroquine, chloroquine and azithromycin (see Q&A section below)
- Evaluation of any new medications to address the COVID-19 virus will undergo immediate review to determine appropriate prescription drug benefit coverage.

**Credentialing**

There is a critical need for more clinicians to provide care for COVID-19 patients. In conjunction with HealthCare Administrative Solutions, Inc. (HCAS), Harvard Pilgrim has developed expedited credentialing and enrollment protocols to help hospitals and other health care facilities quickly meet this demand.

- Under this adapted process, Harvard Pilgrim will fast-track credentialing and enrollment of clinicians being activated to directly assist with this public health crisis and will provisionally credential them for 180 days.
- This [Expedited Credentialing and Enrollment](#) document provides instructions on how to make a request for provisional credentialing, including the information required, submission email address, and other important details.
- Providers already credentialed by Harvard Pilgrim do not need to be recredentialed to practice at a new location. Please refer to the [Clinical Credentialing and Recredentialing Policy](#) for details. To update or change a practice location, please complete the [Changing Provider Enrollment Information Form](#) in the commercial Provider Manual and follow the instructions on the form for returning it. We will work to expedite changes as quickly as possible.

**Member Education and Support**

- We have developed a [coronavirus microsite](#) online that includes general preventive information and links to the CDC and state health agencies in MA, ME, NH, and CT. It also includes an [FAQ](#) to educate and inform our members on benefits and services.
- We are also ensuring that our nurse care managers who are currently engaged with high-risk members are addressing risk factors and providing support.
Additional questions and answers

If a hospital directs patients to another site (different facility, outpatient/freestanding centers, etc.) to leave capacity at hospitals, will the existing authorization apply?

Harvard Pilgrim, as well as any of our vendor partners that manage utilization management for services, will work with you to assist in updating the authorization with the new site of service. Providers should contact the entity that performed the initial authorization. If an authorization requires an update due to other COVID-19 related circumstances, as well, please contact the entity that made the authorization determination to discuss the change.

Can providers utilize telemedicine/telehealth for PT/OT/ST?

Telemedicine can be utilized for any clinically appropriate, medically necessary covered service, provided the service can be administered effectively via telemedicine/telehealth technology. When billing for PT/OT/ST services delivered by telemedicine/telehealth, in addition to using standard PT/OT/ST procedure and modifier coding such as modifiers GP or G0, please remember to include POS 02 on your claim along with the applicable telehealth modifier. Providers will be reimbursed for these services at the same rates as if they were delivered in a face-to-face appointment.

What place of service (POS) should be billed for medi-tents?

Because a medi-tent isn’t considered a telehealth service, it is not appropriate to use POS 02. Bill just as you would if the member received services in a permanent facility.

Is Harvard Pilgrim adopting quantity limits for certain drugs that are being used for COVID-19 without FDA approval?

Hydroxychloroquine and chloroquine are being referenced in the news as potential treatments for moderate to severe COVID-19 illness. Despite the safety and efficacy of these medications not being approved by the Food and Drug Administration (FDA) or the World Health Organization (WHO) for use in COVID-19 treatment, we are seeing a significant increase in the use of these drugs in COVID-19 treatment, which is causing concern of a potential drug shortage. In addition, there has been talk about use of azithromycin to treat COVID-19 related respiratory symptoms. Azithromycin is an antibiotic that is generally prescribed for a quantity of 6 tablets and we are seeing a significant spike in utilization for much higher quantities.

To ensure continued supply of these three medications for chronic utilizers with existing conditions and to ensure access for acute use, including COVID-19 when appropriate, Harvard Pilgrim has the following quantity limits in place for our commercial — and Health Exchange (pending CMS approval) — members:

- Hydroxychloroquine — limited to 30 tablets within a 90-day time period with an automatic bypass, via step therapy protocol, for members who have utilized at least a 60-day supply within the past 120 days. This ensures members who have been using these medications for chronic, pre-existing conditions will receive the appropriately prescribed quantity for their treatment without disruption.
  - Members newly starting on hydroxychloroquine for rheumatoid arthritis or systemic lupus will be able to request quantities greater than 30 tablets through a prior authorization, submitted by their provider
- Chloroquine — limited to 30 tablets within a 90-day time period
- Azithromycin — limited to 6 tablets per fill/copay

Are home infusion services available?

Yes, Harvard Pilgrim is encouraging providers to consider moving patients who require Remicade or Privigen infusions to a home infusion provider to support social distancing. We’re outreaching to providers and members to ask them to consider in-home infusion services for the duration of the pandemic. Harvard Pilgrim has identified three contracted home infusion providers who currently have capacity (but providers may select any home infusion agency of their choice):

- CORAM/CVS: 866-899-1661
- New England Life Care: 1-800-290-6558 x4195
- Option Care Health: 1-800-624-4584

Harvard Pilgrim’s Care Management department (866-750-2068) is happy to assist you with the temporary transfer of prior authorization (PA) to a home service provider of your choice, which may be reversed when governing bodies consider it safe to relax social distancing efforts.

Does Harvard Pilgrim require authorization for commercial members needing ambulance transport from a hospital to a skilled nursing facility?

Prior authorization for these services remains unchanged. Harvard Pilgrim does not require authorization for facility to facility transport — for example, transportation from acute care hospitals to another hospital, long-term acute care facility (LTAC), inpatient rehabilitation facility (IRF), skilled nursing facility (SNF). TAC, SNF). Authorization is required for any other non-emergent transport. Please refer to the Medical Transportation Authorization Policy for further information.

Should providers hold claims until internal systems and rules are configured?

No, there is no need for providers to hold claims.