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 (CDC), 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 safeguard 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:
  - CDC labs: HCPCS U0001
  - Non-CDC labs: HCPCS U0002 or CPT 87635; if using high throughput testing methodologies use either U0003 or U0004. High throughput technology employs automated processing of more than 200 specimens a day.
  - For more information, please refer to the [AMA’s recent coding guidance](https://www.ama-assn.org/delivering-care/coronavirus-covid-19/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,

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1 Applies to our fully insured, Medicare Advantage, Medicare Enhance, and Medicare Supplement plans (unless otherwise noted). While self-insured employer groups determine application of cost share for their accounts, most are applying the same coverage. Exceptions are: Fidelity Investments/Fidelity Management and Research, Clark University, and Hewlett Packard. All these accounts are applying regular cost share for treatment of COVID-19. In addition, for telemedicine/telehealth, Fidelity Investments/Fidelity Management and Research is covering Doctor on Demand services in full without cost-sharing. Telemedicine visits performed by other providers are covered in full only if related to COVID-19; cost sharing applies for visits not related to COVID-19.
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.
  
  o 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.
- While Harvard Pilgrim systematic referrals are not required for Covid-19 testing, members are asked to contact their physician to discuss testing and receive information on testing locations.
- Specimen collection: Harvard Pilgrim will accept the following new G-codes codes, created by CMS on March 31, specifically for collection of COVID-19 specimen collection at drive-through, pop-up and SNF facilities, effective for services rendered on or after March 1, 2020:
  
  o For drive through facilities: G2023 — Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source.
  
  o For collection at a SNF: G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source.
  
  o For Medicare Advantage members, these codes may only be billed by clinical diagnostic labs per CMS guidance.

- In support of COVID-19 testing, Harvard Pilgrim Health Care and ConvenientMD have partnered to open a drive through testing site at the Harvard Pilgrim’s Quincy location at 1600 Crown Colony Drive. If you and your Massachusetts patients — including patients who are not Harvard Pilgrim members — are looking for a drive-through testing site, please refer to this information about the guidelines for testing, hours of operation, and more details. Keep in mind that in advance visiting the COVID-19 testing site, patients will need to be evaluated by ConvenientMD’s Virtual Urgent Care service by calling 617-303-6400.

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.
- 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 Commercial plans: 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 (95 GT, GQ, G0).
  
  o Medicare Advantage: To ensure that your Medicare Advantage claim processes correctly:
• Expanded telehealth services covered under the 1135 waiver that are provided by synchronous two-way audio-visual technology should be reported with modifier 95 and the place of service that would be reported if the services were provided in person.
• All traditionally covered Medicare telehealth claims should be reported with a place of service 02, in accordance with Medicare billing requirements.
• CMS does not allow for the use of evaluation and management codes for services provided by telephone only. Telephone only services should be billed using CPT codes 99441–99443

• 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 for commercial and March 1, 2020 for Medicare Advantage)
  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. For appropriate processing, be sure to follow the coding instructions above.
• Members are encouraged to utilize any in-network provider who offers telemedicine services or they may access our Doctors on Demand program, where applicable (Doctors on Demand is not available for Medicare Advantage members). Any in-network provider with the capability can offer 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 we are here to support our provider partners by making certain accommodations to support health care providers in focusing their resources on coronavirus patients. To that end, Harvard Pilgrim is adapting our prior authorization policies as follows. We will continue to monitor and evaluate the impact of policies during the current state of emergency and may make further adjustments.

• Prior authorization for medically necessary home health care, inpatient rehabilitation facility (IRF), long-term acute care (LTAC) and skilled nursing facilities (SNF):
  o Suspending prior authorization requirements for medically necessary home health care services following an inpatient admission (through May 15, 2020). Plan of care for home health services must be established and approved in writing by a physician. Harvard Pilgrim requires notification within 2 business days via fax at 617-509-1147 (commercial) or 888-609-0692 (Medicare Advantage).
  o Suspending prior authorization requirements for medically necessary SNF/LTAC/IRF following a hospital admission (through May 15, 2020). Hospitals should use their best efforts to transfer members to in-network providers. Please refer to this list of in-network commercial LTAC, SNF, and IRF facilities for guidance. Harvard Pilgrim requires notification within 2 business days via fax at 617-509-1147 (commercial) or 888-609-0692 (Medicare Advantage).
  o 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.
• Concurrent review: For dates of service from April 10 through May 15, Harvard Pilgrim will suspend concurrent review for acute inpatient, SNF, LTAC, and IRF. Please provide notification within two
business days to enable Harvard Pilgrim to assist in coordinating care and discharge planning. Please refer to our **medical necessity guidelines** for reference.

- **Extending elective authorization end dates:** For surgical inpatient, outpatient surgical, and oral surgery day authorizations with effective dates between April 18 and May 28, Harvard Pilgrim is extending the authorization expiration date to Sept. 28, 2020. We will send new authorization letters to members and providers. No action is required on the part of providers and members. Authorization updates for commercial members can also be viewed in the [HPHConnect portal](#).

- **Vendor partners:** Vendor partners are monitoring the pandemic and adapting as needed, as well.
  - **United Behavioral Health (UBH) — Provides behavioral health services**
    - UBH is not requiring prior authorization for facility-based inpatient care, partial hospitalization programs, intensive outpatient programs, residential treatment, and detoxification programs in any setting.
  - **NIA Magellan (NIA) — Conducts utilization Management (UM) for high end radiology, Interventional pain management, cervical spine, musculoskeletal and sleep studies.**
    - As elective procedures are being postponed, NIA is automatically extending “through dates” of authorizations to 120 days for all NIA programs. No provider action is needed, and NIA will send updated authorization letters to members and providers. Authorization updates for commercial members can also be viewed in the [HPHConnect portal](#).
    - If site of care for an authorized procedure is changing, please contact NIA at 800-642-7543 to make that change.
    - NIA also developed and posted a policy on the use of CT for diagnosis of COVID-19.
  - **CVS–Novologix — Conducts utilization management services for over 200 high-cost medical drugs for our commercial plans.**
    - CVS/Novologix is automatically extending any authorizations set to expire between April 18 and May 28, 2020 by 90 days. No provider action is needed; however, new letters are **not** being sent to providers and members. Authorization updates for commercial members can also be viewed in the [HPHConnect portal](#).
    - CVS/Novologix is also collaborating with Harvard Pilgrim to encourage in-home infusion for certain drugs (such Remicade and IVIG) to support social distancing. (See below for more details.)

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 are being applied 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
(including those coming from out of state) 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.
• For initial inquiries related credentialing/enrollment of out-of-state providers, please provide the
following information: number of providers, provider types, and whether those providers would be
acting in an inpatient only or other setting.

Claims

• Please remember that claims are processed in stages and may not be reflected accurately when
viewed in the provider portal prior to final adjudication. Please rest assured that this is normal and
that we are committed to processing your claims with utmost care and accuracy.
• For Medicare Advantage, please be aware that the CARES Act (Coronavirus Aid, Relief, and Economic
Security) temporarily suspends the mandatory payment known as sequestration, effective for claims
with dates of service from May 1 through Dec. 31, 2020. Harvard Pilgrim will be processing these
claims accordingly.

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

What should we do if a previously approved service is rescheduled to a different location to leave capacity
at hospitals?

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?**

For commercial members, telemedicine can be utilized for any clinically appropriate, medically necessary covered service, provided the service can be administered effectively via telemedicine/telehealth technology. Providers should carefully evaluate whether certain PT/OT/ST services are appropriate to provide via telemedicine/telehealth, with care plan, patient need, and ability to effectively deliver remotely all considered.

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.

For Medicare Advantage members, Harvard Pilgrim reimburses according to CMS guidelines; please refer to this [CMS information sheet on telemedicine](#) for more information.

**Can telemedicine be used by home care and hospice providers?**

Harvard Pilgrim is reimbursing for telemedicine/telehealth for covered, medically necessary services where providers can effectively deliver those services via telemedicine/telehealth. We are not expanding benefits or adding new services at this time; existing benefits and contracted services/codes remain unchanged.

There are some services that cannot be delivered effectively remotely because the value of the service requires hands-on treatment. For example, certain home health aide services would not be eligible for telemedicine reimbursement. Physicians ordering and approving a home health plan of care for patients via telemedicine should carefully review and agree that the services being rendered can be effectively delivered via telemedicine.

Hospice services are excluded from coverage in our [interim Telemedicine and Telehealth Payment Policy](#) for commercial. As noted above, for Medicare Advantage, Harvard Pilgrim will continue to follow CMS rules on coverage and reimbursement.

**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. See the coding guidelines on coding for specimen collection for more information.

**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 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 in-network home infusion agency of their choice):

- CORAM/CVS: 800-423-1411
- 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 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 prior authorization for 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). Authorization is required for any other non-emergent transport. Please refer to the [Medical Transportation Authorization Policy](https://www.harvardpilgrim.com/health-carerelations/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.

**Does Harvard Pilgrim cover in home care?**

Harvard Pilgrim currently provides coverage for medically necessary in-home care under member’s existing benefits and will continue to cover standard Evaluation and Management services in the home or nursing home setting. In addition to standard claim coding, it’s important for providers to report all telemedicine/telehealth services with POS 02 with an appropriate telehealth modifier. For UB billing, please
follow the standard coding with the addition and add the appropriated telehealth modifier. The Evaluation and Management Payment Policy has relevant information.

**Did Harvard Pilgrim recently change authorization requirement for sleep-related respiratory supplies (for BIPAP and CPAP machines)?**

Yes, as of March 27, 2020, we no longer require prior authorization for respiratory supplies (tubing, masks, etc.) needed for sleep-related (BIPAP and CPAP) equipment. Please refer to this [Network Matters article](#) for details.

**Are submissions for pay for performance programs being delayed?**

Harvard Pilgrim recognizes that the focus of clinical staff should be on patient care during this pandemic; therefore, we’re delaying the following upcoming pay for performance submissions:

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<thead>
<tr>
<th>Data Submission</th>
<th>Original Due Date to HPHC</th>
<th>Revised Due Date to HPHC</th>
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<tbody>
<tr>
<td>Rewards for Excellence (R4E) Health Outcomes Measure(s)</td>
<td>4/3/2020 (pmt date: 10/31/2020 – after Quality Compass published)</td>
<td>6/1/2020 (pmt date: No change)</td>
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<tr>
<td>Medicare P4P LCU Attestation</td>
<td>4/17/2020 (pmt date: 8/1/2020)</td>
<td>6/15/2020 (pmt date: No change)</td>
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Provider questions on pay-for-performance programs should be directed to [HPHC_NMM@harvardpilgrim.org](mailto:HPHC_NMM@harvardpilgrim.org).

**How else might quality and pay for performance programs be affected?**

We are evaluating and discussing with providers possible impacts to quality metrics and pay for performance programs overall. We will continue to assess this and engage in discussions with provider organizations.

**Publication History**

4/21/2020 — Updated testing section to include specimen collection information; authorization section to include information on extended timeframes, concurrent review, and vendor partners; credentialing section to include information on out-of-state providers. Added claims section and additional questions and answers on home care via telemedicine, authorization for sleep-related respiratory equipment, and quality and pay for performance programs.

4/22/2020 — Added question and response on in-home care