We understand that at the foundation of working together effectively is sharing information in a clear, timely way — now more than ever. Please refer to this document for information on Harvard Pilgrim’s adapted policies and business operations, aimed at supporting our members, providers, and employers through the COVID-19 public health emergency.

The following information applies to our fully insured, Medicare Advantage, Medicare Enhance, and Medicare Supplement plans, unless otherwise noted. We will continue to monitor the situation and communicate any further changes to our standard or interim policies in as timely a manner as possible.

Harvard Pilgrim Announces Provider Grants

Harvard Pilgrim recently announced in a June 18, 2020 press release, broad-based financial support to aid providers, members and employers with addressing concerns resulting from the COVID-19 public health crisis. This includes providing independent primary care practices with access to grants from a $3 million fund to assist with aspects of reopening their practices in a manner that would provide clinically safe access to care for patients — such as purchasing necessary personal protective equipment, restructuring facilities for social distancing, supporting telemedicine, in-home monitoring, and administering vaccinations, and other necessary measures. Grants from the funds are available exclusively for independent, directly contracted primary care practices. It isn’t necessary for providers to contact Harvard Pilgrim, as we will be in touch with our contracted independent primary care practices in July to inform them of their eligibility for the funding.

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1 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 Cramer Production. 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 through De. 31, 2020. 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. In addition, Hewlett Packard is applying the same coverage as fully insured plans through Aug. 31, 2020.
Antibody and coronavirus testing

- Viral testing for current COVID-19 infection is covered when ordered by a physician or appropriately licensed health care professional actively treating you, or for Maine members, when in accordance with the State of Maine regulatory guidelines.
- Antibody testing for previous COVID-19 infection is covered only when it is an FDA-authorized test, when ordered by a physician or appropriately licensed health care professional, and when medically necessary for your provider to help make decisions about your treatment for an immediate medical condition (e.g. transplant services).
- Testing meeting the above criteria is covered in full with no copayment, deductible, or cost sharing through the COVID-19 emergency period.
- Members should always use participating providers/laboratories for all COVID-19 testing.
- Testing for employment screening, public screening, student screening, and travel screening are not covered benefits, except for Maine members when in compliance with and required by the State of Maine regulatory guidelines.
- We will post medical necessity guidelines, which will be evaluated and updated as new guidance becomes available.
- Coding information for COVID-19 current virus testing:
  - CDC labs: HCPCS U0001 for CDC labs
  - 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 coding guidance](https://www.ama-assn.org/coding-resource-center). Code 87635 is not applicable for Medicare Advantage.
  - Use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1. Refer to the [CDC’s diagnostic coding guidance](https://www.cdc.gov/nchs/diagcoding.htm) for additional information.
    - Specimen collection— For drive through facilities: G2023. For collection at a SNF: G2024. For Medicare Advantage members, these codes may only be billed by clinical diagnostic labs per CMS guidance.

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 through Sept. 30, 2020.
- Coding: for confirmed COVID-19 diagnosis, please use U07.1. In the event your system is not configured to accept U07.1 yet, please use B97.29 instead.

Telemedicine/Telehealth

- Harvard Pilgrim is emphasizing telemedicine services to our members and expanded the scope of our telemedicine coverage for telephone only, audio/video, and e-visits. Please refer to our [interim Telemedicine and Telehealth Payment Policy](https://www.harvardpilgrim.com/healthcare-professionals/telehealth) for guidance for our commercial products, and [CMS guidelines](https://www.cms.gov/medicare-coverage-database/coverage/telehealth-coverage) for Medicare Advantage. We will continue to evaluate market conditions and will inform the network in advance of an end date or any further changes to this interim policy.
- 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 for dates of service of 3/6/2020 – 9/30/2020 for commercial and 3/1/2020 through 12/31/2020 for Medicare Advantage.
- Referral requirements for all telemedicine/telehealth services, not only COVID-19 claims, are waived through 9/28/2020.
Telemedicine services may be utilized for any clinically appropriate, medically necessary covered service, provided the service can be administered effectively via telemedicine/telehealth technology — including PT/OT/ST, lactation services, and home care. Providers should carefully evaluate whether certain services are appropriate to provide via telemedicine/telehealth, with care plan, patient need, and ability to effectively deliver remotely all considered. For example, certain home health aide services would not be eligible for telemedicine reimbursement.

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.

Coding for commercial plans:
- In addition to standard claim coding, report telemedicine/telehealth services with POS 02 with an appropriate modifier (95, GT, GQ, G0, GP). We reimburse for CPT codes 99421, 99422, 99423; however, we will also accept G2010 and G2012.
- Providers may bill for well visits performed via telemedicine.
- The applicable modifier — GT or 95 — is dependent on the codes being billed. The codes eligible for modifier GT are determined by CMS, while the AMA determines the codes eligible for modifier 95.

Coding for Medicare Advantage:
- 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

Prior Authorization Policies
Harvard Pilgrim has adapted our prior authorization policies as follows and will continue to monitor and evaluate these during the current state of emergency.

Prior authorization:
- MA commercial products: For dates of service from 3/25/2020 to 9/30/2020, Harvard Pilgrim will suspend prior authorization on elective admissions at acute care facilities and acute inpatient admissions at acute care, skilled nursing (SNF), long-term acute care (LTAC), and rehab facilities. Please provide notification within two business days and updates every 5 days to enable Harvard Pilgrim to assist in coordinating care and discharge planning. Refer to our medical necessity guidelines for more information.
- All other states: Prior authorization is reinstated for dates of service beginning 6/30/2020.

Concurrent review: Harvard Pilgrim will reinstate concurrent review on SNF, LTAC, inpatient rehab, and home care facilities as of 6/30/2020 in all markets.

Infertility services: To ensure members who are trying to conceive have adequate time to for infertility treatments, Harvard Pilgrim is extending authorizations for IVF services on an individual basis for up to 90 days, taking into consideration benefit limits.

PT/OT/ST authorizations: To assist members in continuing with their outpatient rehabilitation, Harvard Pilgrim will consider authorization extensions on an individual basis as clinically appropriate and consistent with member eligibility. Harvard Pilgrim covers telemedicine services for these therapies (see below).

Durable medical equipment (DME): Harvard Pilgrim is extending prior authorization and quantity limits for DME on an individual basis to ensure members have the DME equipment and supplies they need.
● **Respiratory supplies:** 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.

● **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.)

**Reimbursement**

- 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.
- In cases where a wellness exam occurs in one session and the vaccination in a different session, the provider should bill a wellness visit for the wellness portion and a vaccine administration for the delivery of the immunization.
- Harvard Pilgrim has adjusted our policies to reimburse certified registered nurse anesthetists (CRNAs) for providing medically appropriate covered services, including Evaluation and Management and Critical Care services.

**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.

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
4/30/2020 — Added information about suspension of prior authorization for non-emergent ground ambulance transport; made editorial modifications to the pharmacy sections for clarity
5/5/2020 — Updated to remove outdated question on ambulance transport
5/14/2020 — Added information on antibody testing; authorization extensions for infertility, DME, and PT/OT/ST services; concurrent review; telemedicine coding information and telemedicine for lactation services. Editorial changes to introduction.
5/20/20 & 5/21/2020 — Extended effective dates for COVID testing and treatment and telemedicine policies. Editorial clean up.
06/09/2020 — Updated antibody testing section; clarification on telehealth modifier; addition of questions on vaccinations administered outside of a wellness visit and reimbursement of CRNAs.
06/26/2020 — Removed outdated information throughout. Updated information on antibody testing. Extended effective dates where applicable.
07/13/2020 — Updated footnote on self-insured account coverage.
07/15/2020 — Added information on antibody testing medical necessity guidelines being developed.