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*The information contained within this message is for your use, in order to inform you of any changes that may be occurring at the San Juan IPA, or within the medical community. Please read each message carefully, as they contain important information that may directly affect your practice.*

**Attention all Members: New Mexico Medical Board Coronavirus Communication & Practice Closure During Pandemic (see attachments)**



*Amanda L. Quintana*

**New Mexico Medical Board**

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**All CIGNA Contracted Members: Billing and Changes to Administrative Process Regarding COVID-19**

Hope all is well. The purpose for my outreach is to remind that information regarding billing

and changes to administrative processes regarding covid-19 are being posted daily to our [cignaforhcp.com](http://cignaforhcp.com) website, you do not require a log into view just Google the site and click on the covid-19 banner at the top of the page.

Please encourage your providers to check as there is important information as to what is required for billing of covid-19 testing and care along with information about our coverage and billing policy for virtual / telephonic visits

If there are questions that surface which the site does not address please outreach as we are here to help.

Hope all are being careful, stay safe!

Marcy Platt  
ConnectedCare **PROVIDER OPERATIONS**  
Experience Manager

## **All EBSO Contracted Members: Telemedicine**

April 1, 2020; San Juan Regional Medical Center has amended their plan to include coverage for Telemedicine Visits effective March 1, 2020. Telemedicine visits are covered the same as any other office visit.

## **All BCBSNM Contracted Members: Using Telemedicine & Telehealth in Response to COVID-19**



BlueCross BlueShield of New Mexico

### **Using Telemedicine and Telehealth in Response to COVID-19**

Blue Cross and Blue Shield of New Mexico (BCBSNM) is responding to the coronavirus (COVID-19) and **expanding our coverage** for medical and behavioral health telemedicine and telehealth visits. We are also giving our members access to clinically appropriate medical and behavioral health services delivered through telemedicine with **no copays or deductibles through April 30, 2020**. This will make it easier for members to access care while reducing their risk of exposure.

The expanded benefit applies to all fully insured members whose benefit plan includes telemedicine. It applies to claims from March 9, 2020 through April 30, 2020.

**Note:** Many of our members are covered under a health plan that is self-insured by their employer. The Families First Coronavirus Response Act was enacted on March 18, 2020, and requires these self-insured groups to provide benefit coverage for [COVID-19 testing and related services](#) for dates of service on or after March 18, 2020. **Some of these self-insured groups may choose to offer expanded coverage for telemedicine and telehealth visits between now and April 30, 2020.** Providers should always check member benefits prior to rendering service to confirm the member's current benefit level.

#### **Who can provide telemedicine?**

BCBSNM **in-network providers who offer the service** through two-way, live interactive telephone (for the period of March 9 – April 30, 2020 only) and/or digital audio and video consultations may provide telemedicine, based on state statutes. Some members have virtual visit benefits through **MDLive**.

#### **What services can I deliver through telemedicine?**

This [list of telehealth codes](#) are accepted by BCBSNM for use by health care professionals including behavioral

health therapy services. **Providers submitting claims for telemedicine services using these codes must append with modifier 95.**

For now, ABA, physical therapy and other therapy services are not eligible for zero cost share.

The New Mexico Human Services Department (HSD) has added new codes for both medical and behavioral health services for New Mexico Medicaid members to encourage the use of telephonic visits and e-visits in lieu of in-person care to reduce the risk of spreading COVID-19 through face-to-face contact. These codes and payment rates can be found in [HSD Letter of Direction \(LOD\) #30](#).

**Resources:**

For more information refer to our Telemedicine and Telehealth Services [Quick Reference Guide](#). BCBSNM will continue to evaluate the telehealth program to best serve our members.

Because this is a rapidly evolving situation, you should continue to use [Centers for Disease Control guidance](#) on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSNM News and Updates](#).

If you have any questions or if you need additional information, please contact your [BCBSNM Provider Relations Representative](#).

As a reminder, it is important to check eligibility and benefits before rendering services. This step will help you determine if benefit prior authorization is required for a member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSNM’s provider website.

Please note that checking eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member’s ID card.

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MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

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**All Humana Contracted Members: Information on COVID-19 & Telehealth (see attachments)**

Just released, due to the fluidity of COVID-19, updates are constant and ever changing. As such, please note the change for the AWW guidance that was recently updated to advise yes telehealth can be used for annual wellness visits if provided consistent with applicable CMS guidance, state guidance and Humana policies. However our current position around risk adjustability is still being reviewed with our with legal and compliance teams since non-face to face encounters, we will share additional information as it comes available.

We will continue to reassess the need for changes to administrative requirements as the COVID-19 public health crisis evolves and circumstances change. We are also taking Proactive/Reactive approach reaching out to member to assist with any concerns. Below is additional information to our website if you seek any additional information.

<https://www.humana.com/provider/coronavirus>

Also included our Telehealth Services Policy which can be found on our website, link below.

<https://www.humana.com/provider/medical-resources/claims-payments/claims-payment-policies>

#### Additional Benefit Information

- Member cost share is waived for all covered COVID-19-related medical treatment.
  - All out-of-pocket medical costs (deductible, co-pays, and coinsurance) related to covered treatment for COVID-19—including inpatient hospital admissions— will be waived for enrollees of individual and Group Medicare Advantage plans, fully insured commercial members, Medicare Supplement and Medicaid
  - The waiver applies to all out-of-pocket costs related to the covered treatment of COVID-19 as well as FDA-approved medications or vaccines when they become available
  - Humana will waive the member’s out-of-pocket costs for covered COVID-19-related services delivered by participating/in-network and non-participating/out-of-network providers
  - There is no current end date, but Humana will reassess as circumstances change.
- Member cost-share on COVID-19 related testing has been waived.

We have expanded our member cost-share waivers for COVID-19-related testing, which includes both the COVID-19 test and viral panels that rule out COVID-19; cost-share waivers now apply to laboratory testing, specimen collection and certain related services that result in the ordering or administration of the test, including, physician office or emergency department visits. This change will apply on a retroactive basis to services delivered on or after March 6, 2020.

- Quest and LabCorp do not collect samples directly from patients. To clarify our previous message regarding COVID-19 testing at Quest and LabCorp, please refer specimens to these labs and do not send patients directly to their patient service centers. Quest and LabCorp do not collect COVID-19 samples.
- Preauthorization requirements have been removed in many cases:
  - These requirements are waived for Medicare Advantage members and commercial members with COVID-19-related diagnosis code(s), except for post-acute levels of

- care. For acute inpatient services, notification is recommended to facilitate discharge planning. This includes participating and nonparticipating providers.
- Medicaid waivers are being handled on an individual state basis; please check [www.medicaid.gov](http://www.medicaid.gov), opens new window for state guidelines.
  - Prior-authorization requirements for Medicare Part D have not changed.
- Members may have several options for prescription delivery.  
Members may be able to have their prescriptions delivered. Check with CVS, Walgreens and other local pharmacies to see if they offer local prescription delivery to support patients in social isolation. As an alternative, providers can support the movement of member prescriptions to Humana Pharmacy's 90 day mail order by sending orders to Humana Pharmacy - see [Humanapharmacy.com/prescribers](http://Humanapharmacy.com/prescribers), opens new window for prescribing information. Please keep in mind that first-time setup takes approximately five days for processing and delivery after prescription orders are received.
  - Early prescription refills allowed for next 30 days.  
Humana is allowing early refills on prescription medicines so our members can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate.
  - Member support line available.  
Humana has trained a specialized group of call center associates to help support our members with specific coronavirus questions and concerns, including assistance in accessing their telemedicine benefits. Members can call Humana's toll-free customer support line, which can be found on the back of their member I.D. card, to be connected to this dedicated team of professionals.
  - Home oxygen is covered for temporary use.  
Humana is now covering short-term home oxygen usage for members with a COVID-19-related diagnosis

## **All UHC Contracted Members: Network Bulletin**



APRIL 2020

# network bulletin

An important message from UnitedHealthcare  
to health care professionals and facilities

## Stay informed about COVID-19

[LEARN MORE](#)

### Medication Sourcing Expansion Delayed Due to COVID-19

We are delaying the specialty pharmacy requirement that requires hospitals to obtain specialty medications from indicated specialty pharmacies. This requirement will not take place for commercial plans or UnitedHealthcare Community plans on April 1, 2020, as previously communicated. We will inform you through *Network Bulletin* when a new effective date is known.

[LEARN MORE](#)


### Front & Center: Prior Authorization Updates and More

Stay up to date with the latest news and information.

[VIEW NOW](#)


### UnitedHealthcare Commercial: Coding Updates for Cardiology

Learn about program revisions and requirement updates.

[LEARN MORE](#)


### UnitedHealthcare Community Plan: Q2 Preferred Drug List

Learn about Medicaid coverage changes and updates.

[VIEW LIST](#)

### UnitedHealthcare Medicare Advantage: New Guidelines for Perfusionists

Learn more about Medicare policy reimbursement and guidance changes.


[READ MORE](#)


### UnitedHealthcare Affiliates: UnitedHealthcare Oxford Update

Learn about updates with our company partners.

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**Attention- CMS: COVID-19: Telehealth Billing Correction, Nursing Home Recommendations, Billing for Multi-Function Ventilators, New ICD-10-CM Diagnosis Code**

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

**Special Edition – Friday, April 3, 2020**

**COVID-19: Telehealth Billing Correction, Nursing Home Recommendations, Billing for Multi-Function Ventilators, New ICD-10-CM Diagnosis Code**

- [Billing for Professional Telehealth Distant Site Services During the Public Health Emergency](#)

Revised

- [Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments](#)
- [Billing for Multi-Function Ventilators \(HCPCS Code E0467\) under the COVID-19 Public Health Emergency and Otherwise](#)
- [New ICD-10-CM diagnosis code, U07.1, for COVID-19](#)

**Billing for Professional Telehealth Distant Site Services During the Public Health Emergency — Revised**

This corrects a prior message that appeared in our [March 31, 2020](#) Special Edition.

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person
- Modifier 95, indicating that the service rendered was actually performed via telehealth

As a reminder, CMS is not requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier

There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

**Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments**

On April 3, at the direction of President Trump, the Centers for Medicare & Medicaid Services (CMS), in consultation with the Centers for Disease Control and Prevention (CDC), issued critical recommendations to state and local governments, as well as nursing homes, to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19) in nursing homes. The recommendations build on and strengthen recent guidance from CMS and CDC related to effective implementation of longstanding infection control procedures.

[Press Release](#)

[Guidance](#)

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## Billing for Multi-Function Ventilators (HCPCS Code E0467) under the COVID-19 Public Health Emergency and Otherwise

CMS recognizes that in these important times, in particular, beneficiaries, health care clinicians, suppliers manufacturers are looking for the broadest possible access to ventilators for their care needs. We are taking a number of steps to increase access to and remind suppliers about certain options available to them and beneficiaries regarding multi-function ventilators.

Effective immediately, CMS is suspending claims editing for multi-function ventilators when there are claims for separate devices in history that have not met their reasonable useful lifetime.

For more information on multi-function ventilators, see [MLN Matters Special Edition Article SE20012](#).

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## New ICD-10-CM diagnosis code, U07.1, for COVID-19

In response to the national emergency that was declared concerning the COVID-19 outbreak, a new diagnosis code, U07.1, COVID-19, has been implemented, effective April 1, 2020.

As a result, an updated ICD-10 MS-DRG GROUPER software package to accommodate the new ICD-10 diagnosis code, U07.1, COVID-19, effective with discharges on and after April 1, 2020, is available on the CMS [MS-DRG Classifications and Software](#) webpage.

This updated GROUPER software package (V37.1 R1) replaces the GROUPER software package V37.1 which was developed in response to the new ICD-10-CM diagnosis code U07.0, Vaping-related disorder, also effective with discharges on and after April 1, 2020, that is currently available on the [MS-DRG Classifications and Software](#) webpage.

Providers should use this new code, U07.1, where appropriate, for discharges on or after April 1, 2020. Refer to the updated MLN Matters Articles for additional Medicare Fee-For-Service information:

- [Update to the International Classification of Diseases, Tenth Revision, Clinical Modification \(ICD-10 CM\) for Vaping Related Disorder and 2019 Novel Coronavirus \(COVID-19\)](#)
- [Update to the Home Health Grouper for New Diagnosis Codes for Vaping Related Disorder and COVID-19](#)
- [April 2020 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 21.1 R1](#)

For detailed information regarding the assignment of new diagnosis code U07.1, COVID-19, under the ICD-10 MS-DRGs, visit the [MS-DRG Classifications and Software](#) webpage. The announcement is located under "Latest News" heading.

For additional information related to the new COVID-19 diagnosis code, visit the [CDC website](#).

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