



Health Partners Plans

March 22, 2020

RE: COVID-19 Update

Dear Provider,

We hope that you and your staff are doing well during these unprecedented times. As a follow-up to the communication we released on March 16, 2020, we are writing to share that **we have created a COVID-19 page on our website at HPPlans.com. This page will be continually updated as new information is released by any of the regulators, CDC or Health Partners Plans (HPP). We strongly encourage you to check this site routinely for the most current information regarding our members, plan, and employees.** As the response to COVID-19 continues to evolve, we want to ensure our members continue to have access to the care they need. We understand the direction from state and federal agencies often change as the information and guidance surrounding COVID-19 evolves and we need to be sensitive to that.

COST SHARING

HPP is waiving all member cost sharing for services related to testing, screening and diagnosis to treat for COVID-19.

PRIOR AUTHORIZATION

HPP is waiving all prior authorization requirements for services related to testing, screening and diagnosis to treat for COVID-19.

TELEHEALTH

The use of telehealth for all clinically necessary medical services is being strongly recommended by CMS and DHS. Health Partners Plans strongly supports this recommendation and has implemented changes to our telehealth policy, which were noted in our March 16, 2020 communication. We have heard from many of our provider partners who are already seeing an increase in the utilization of their telehealth services. If you are unable to provide telehealth services directly to HPP members, please make us aware immediately by contacting our Provider Services Helpline at **1-888-991-9023** (Monday–Friday, 9 a.m.–5:30 p.m.) or refer members to Teladoc at 1-800-835-2362.

TELEHEALTH CODING ON CLAIMS

We want to clarify appropriate coding on claims to identify the use of telehealth services provided to HPP members.

PROCEDURE CODING

- For routine telehealth services we encourage you to use the appropriate Evaluation & Management (E&M) procedure code that would have applied had the service been provided in your office. In addition, you must use the appropriate telehealth modifier, GT or 95.
- Transitional Care Management (99495 & 99496) – These codes should be billed, when appropriate, along with the appropriate telehealth modifier, GT or 95.
- Annual Wellness Visits (G0438 & G0439) - These codes should be billed, when appropriate, along with the appropriate telehealth modifier, GT or 95.

PROVIDER TYPES APPROPRIATE FOR TELEHEALTH SERVICES

The Pennsylvania Department of Human Services (DHS) released an OPS Memo on March 17th clarifying their telehealth guidelines. In that memo, which can be found on their website, they detailed the provider types who can provide telehealth services. They are listed below.

The service is rendered by one of the following provider types:

- 01: Inpatient Facility – **ONLY** for Specialty Code 183 (Hospital Based Medical Clinic)
- 08: Clinic
- 09: Certified Registered Nurse – **ONLY** for Specialty Code 093 (Nurse Practitioner - Primary Care)
- 17: Therapist – **ONLY** for Specialty Codes 176 (Physical Therapy/Early Intervention), 177 (*Occupational Therapy/Early Intervention*), and 178 (*Speech/Hearing Therapy/Early Intervention*). *Guidance issued by the Office of Child Development and Early Learning applies to these provider specialty types and may include requirements in addition to those included in this Ops Memo.*
- 31: Physician (Physician’s Assistants may provide services under the usual direction of their supervising physician)
- 33: Certified Nurse Midwife

The DHS Memo also states that the service is to be provided in conformance with the full description of the procedure code and to the extent that it would have been rendered if the visit had occurred in-person at an enrolled site.

TELADOC

If you are unable to assist our members in person or via telehealth, we encourage you to recommend members contact Teladoc, our telehealth vendor, at 1-800-835-2362 (TTY 1-800-877-8973). They are available 24/7 to assist our members who are your patients.

MEMBERS WHO TEST POSITIVE FOR COVID-19

If HPP members test positive for COVID-19, after you have met your mandated reporting requirements, we ask that you contact our clinical program team, so that we can outreach to those members for case management and other Plan assistance. Please call our Clinical Program Team at 215 845-4797 or email ClinicalConnections@hpplans.com.

CMS GUIDANCE

We support the CMS guidance to delay all adult elective surgeries, non-essential medical, surgical and dental procedures during COVID-19 response. The memo and guidance released by CMS on March 18, 2020 can be found on our COVID-19 website page at www.healthpartnersplans.com.

DIAGNOSIS CODING

Services for the purpose of diagnosing or treating COVID-19 should be coded using the appropriate ICD-10 codes identified by the CDC.

Finally, please note that HPP remains in full operations at this time and our remote workforce is able to assist you and our members with all of the quality service you have come to know over the last 30 years. Thank you for your understanding and cooperation. As always, we appreciate our partnership with you to continually improve the health outcomes of our members.

Sincerely,

Michael K. Krusen

Michael K. Krusen
Regional Vice President, Provider Network Operations