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COVID-19 (CORONAVIRUS) INFORMATION FOR PROVIDERS

Highmark has announced that it will cover coronavirus, or COVID-19, testing at 100% when recommended by a medical professional based on the member's plan. This means copayments, deductibles, and coinsurance do not apply for this testing. This applies to all Medicare Advantage, ACA, and select employer plans. Members should contact Member Services to see if this applies to their plan using the number on the back of their card.

CODING FOR THE TEST

The Centers for Medicare & Medicaid (CMS) developed two new HCPCS codes (U0001) and (U0002) for providers and laboratories to allow billing for COVID-19 patient tests.

HCPCS code (U0001) may be used for the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.

HCPCS code (U0002) may be used to bill for non-CDC laboratory tests for COVID-19.

These HCPCS codes are effective April 1, 2020 for dates of service on or after February 4, 2020. Highmark will pend claims with dates of service between February 4, 2020 and March 31, 2020 until the April 1, 2020 effective date.



- COVID-19 (Coronavirus) Information For Providers
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- PHARMACY PROGRAM/FORMULARIES +
- VALUE-BASED REIMBURSEMENT PROGRAMS +
- HIGH PERFORMANCE NETWORKS +

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TELEMEDICINE AND VIRTUAL VISITS



To help avoid further spread the virus, Highmark is actively encouraging our members to utilize telemedicine services and virtual visits as available based on their benefits.

We're waiving all telemedicine and virtual visit appointment fees for the next 90 days for all Medicare Advantage, ACA, and select employer plans.

Highmark members are able to access information regarding their benefits by calling Highmark Member Service at the number displayed on the back of their member identification card.

Am I able to provide care via telemedicine?

Highmark provides telemedicine coverage options through national telemedicine vendors as well as our in-network primary care and specialist providers who choose to offer such services using appropriate telecommunications technology.

If you do not already offer these services, but are interested in providing them to your patients, you must 1) be a US-based, board certified and licensed to practice medicine in the state in which the member is located, and 2) use technology that is private, secure and HIPAA-compliant in order to provide a safe and confidential consult with a doctor online.

For the rest of the telehealth guidelines, [Highmark Provider Manual Chapter 2 Unit 5: Telemedicine Services](#).



What if I do not want or cannot provide telemedicine services or virtual visits?



Members may use [American Well™ \(Amwell\)](#). Through discussions with them, we anticipate that there is more than adequate capacity to support our members as demand for such services increases. As we continue to monitor the COVID-19 crisis, we will routinely assess service demands with our telemedicine vendor partners.