

April 23, 2020

Dear Prevea360 Health Plan Provider:

Thank you for providing high-quality services to our members during the rapidly-evolving novel coronavirus (COVID-19) public health emergency. We will release a notification every Thursday to keep you informed of new and updated interim COVID-19 health plan policies to support our members and you during this time. We will communicate urgent information quickly outside of these weekly notifications, should the need arise.

This notification contains information regarding:

- Prior authorization interim changes.
- Place of service codes on telehealth claims.
- COVID-19 testing using high throughput technologies.
- Medicare Products Payment Sequestration suspended.

Prior Authorization Interim Changes

Prevea360 Health Plan continues to evaluate prior authorization processes and requirements to ease the administrative burden on organizations and promote access to care for members during the public health emergency. As a result of this effort, we are adopting the interim processes detailed below. These changes apply to commercial (fully-insured, including ACA) and Medicare products.

Moving Patients from Out-of-Network to In-Network Facility

Prevea360 Health Plan will temporarily suspend requiring members to be transferred from an out-of-network facility to an in-network facility unless transfer is explicitly requested by the out-of-network facility.

Outpatient Services

Prevea360 Health Plan is temporarily waiving authorization requirements for outpatient services directly for and related to COVID-19. Providers must bill for these services using the COVID-19 ICD-10 codes so that we can appropriately bypass authorization requirements for services that qualify for the waiver.

Extending Authorization Date Spans

During the public health emergency, Prevea360 Health Plan is extending authorization date spans for the following services:

- Outpatient dental anesthesia — extending to a one-year timeframe, for one procedure
- Out-of-network and in-network outpatient services/surgery in an outpatient or ambulatory surgical center (ASC) setting — extending an additional six months for all previously approved date spans that were less than 12 months
- Approved out-of-network specialist visits — extending for six months for all previously approved services that were originally allowed a 3-month date span.

If you have questions about any of your approved authorizations, please call our Customer Care Center.

Prevea360 Health Plan's partner Magellan Healthcare is also extending authorization date spans to 120 days on authorization requests for the following services:

- Musculoskeletal Care Management (MSK) Surgeries
- Physical Therapy and Occupation Therapy
- Radiology.

Retrospective Review

During the public health emergency, Prevea360 Health Plan will allow providers two weeks after the date of service to submit authorization requests for retrospective review for any service that requires prior authorization.

The above prior authorization interim changes are in addition to the previously-communicated information available on our website under the Prior Authorization Requirements section on the [Prevea360 Health Plan COVID-19 provider information](#) page:

- Waiving authorization requirements for diagnostic services related to COVID-19 testing
- Waiving authorization requirements for CPT code 71250 for chest scans when the primary reason for the chest scan is related to COVID-19
- Extending the admit/start date on prior authorizations for elective surgeries to a future date.

Place of Service Codes on Telehealth Claims

Prevea360 Health Plan is reimbursing in-network providers for office visits provided via telehealth at the same reimbursement rate as an in-person office visit during the public health emergency. As previously communicated, providers should bill using the Place of Service (POS) code that would have been reported if not for the public health emergency to indicate that the service rendered was actually performed via telehealth. If POS code 02 (Telehealth) was indicated on these claims in error, providers do not need to submit corrected claims. Prevea360 Health Plan is reprocessing the affected claims with dates of service on and after March 6, 2020, up to the present to ensure that these claims are paid at the correct reimbursement rate.

POS code 02 (Telehealth) should still be indicated on claims for traditional telehealth claims.

COVID-19 Testing Using High Throughput Technologies

Effective on and after March 18, 2020, COVID-19 testing that uses high throughput technologies will be paid in accordance with CMS' recently-released guidance. A high throughput technology is defined as a platform capable of automated processing of more than two hundred specimens per day. The highly sophisticated equipment requires more intensive processes and technician training to ensure quality and warrants a change in reimbursement.

Examples of high throughput technology as of April 14, 2020, include, but are not limited to, the following technologies:

- Roche cobas 6800 System
- Roche cobas 8800 System
- Abbott m2000 System
- Hologic Panther Fusion System
- GeneXpert Infinity System
- NeuMoDx 288 Molecular

HCPCS U0003 is used to report the high throughput version of tests that would otherwise be identified with CPT 87635. HCPCS U0004 is used to report the high throughput version of tests that would otherwise be identified with U0003. Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.

Medicare Products Payment Sequestration Suspended

Prevea360 Health Plan is temporarily suspending provider payment sequestration amounts for Medicare Advantage products. The sequestration suspension applies to claims with dates of service from May 1, 2020, through December 31, 2020.

Additional Health Plan Information

For additional health plan information and previous provider communications, refer our [COVID-19 provider information web page](#) located from the [Provider Resources page](#). Providers are encouraged to check our website regularly for new and updated information

Please contact your assigned Provider Network Consultant with any questions.

Thank you again for your continued care of our members.

Sincerely,



Loretta A. Lorenzen
Vice President- Network Management & Contracting