

May 5, 2023

RE: Prevea360 Health Plan Information Regarding the Public Health Emergency Ending 5/11/2023

With the public health emergency ending on May 11, 2023, Prevea360 Health Plan will be resuming standard processes for most interim COVID-19 requirements and policies that were established during the public health emergency. This notification contains post-public health emergency information regarding:

- Telehealth extended coverage and exceptions
- COVID-19 diagnostic and antibody testing and over-the-counter (OTC) tests, including updated direction for modifier “CS” on claims
- Vaccinations and administration
- Timely filing
- Modifier “CR” on claims
- Antiviral viral medication coverage
- Monoclonal antibody treatments

Information in this notification applies to the following Prevea360 Health Plan products: Commercial (fully insured, including ACA), State of Wisconsin Employee Trust Fund (ETF), Dean Administrative Services Only (ASO), and Medicare Advantage, unless otherwise noted.

Dean Health Plan ASO self-funded employer groups may opt to continue their COVID-19 requirement and policies after the public health emergency. Please call the Customer Care Center at 877-234-4516 with any questions regarding coverage for a specific employer group.

Telehealth

With the exception of some behavioral health services, detailed in the section further below, Prevea360 Health Plan’s expanded coverage of telehealth services for many common health conditions and telehealth reimbursement rates will continue at least through the end of 2023. This includes visits from a member’s home, FaceTime, Skype, and audio-only.

As a reminder, Prevea360 Health Plan Medicare Advantage members have telehealth coverage for primary care visits and [virtual visits](#) for eligible conditions as part of their standard benefit plan.

Claims

Providers should continue to bill for telehealth services as they have been, including reporting the Place of Service code that would have been used for an in-person visit. Providers should also continue to report modifier 93 or 95 for telehealth visits.

Behavioral Health Services Not Covered via Telehealth

When the public health emergency ends, some psychological testing and applied behavioral analysis (ABA) will return to pre-pandemic coverage and only specific services will be covered virtually.

Effective May 12, 2023, the following *Current Procedure Terminology* (CPT) codes for neurobehavioral status examinations will not be covered via telehealth: 96116, 96121, 96136, 96137, 96138, 96139, 96130, 96131, 96132, 96133, and 96146.

Additionally, the following CPT codes for ABA procedures will not be covered via telehealth: 97151, 97152, 97153, 97154, and 97158.

Testing

Diagnostic and Antibody Testing

Prevea360 Health Plan will continue to cover COVID-19 diagnostic and antibody testing when ordered by an in-network physician.

Cost Share

Effective May 12, 2023, Prevea360 Health Plan will reinstate *in-network* and *out-of-network* member cost share for diagnostic and antibody testing. This means that modifier “CS” on claims will no longer bypass member cost share for COVID-19 testing or the evaluation and management services associated with the testing.

Additional Changes Related to COVID-19 Diagnostic and Antibody Testing

Effective for dates of service on and after May 12, 2023:

- Healthcare Common Procedure Coding System (HCPCS) codes U0003, U0004, and U0005 for diagnostic testing using high-throughput technology will be discontinued.
- HCPCS codes G2023 and G2024 for COVID-19 specimen collection will be discontinued.
- HCPCS travel codes P9603 and P9604 will return to pre-pandemic editing to tie travel allowance to specimen collection.

Over-the-Counter Testing

The federal government announced it will no longer cover free over-the-counter tests after the end of the public health emergency. Effective May 12, 2023, members will be responsible for the retail cost of OTC COVID-19 test kits.

Prevea360 Health Plan will be removing OTC tests as a pharmacy benefit. The cost of an at-home test kit is an eligible medical expense that can be paid or reimbursed from a flexible spending account, health savings account, or health reimbursement account.

Vaccinations

When the public health emergency ends, COVID-19 vaccines/boosters and services to administer the vaccine will be covered as preventive care when received from a network provider, in alignment with Advisory Committee on Immunization Practices (ACIP) guidance. Reimbursement rates that were adjusted in response to the public health emergency will return to pre-public health emergency standards based on Provider Agreements.

Cost Share

Prevea360 Health Plan will continue to waive member cost share for the administration of COVID-19 vaccines and boosters when administered by an *in-network* provider, for all products.

Claims

The federal government will continue to procure and distribute COVID-19 vaccines at no cost after the public health emergency. Claims for vaccine administration should continue to be submitted to the Health Plan, including claims for members enrolled in a Prevea360 Health Plan Medicare Advantage plan.

Timely Filing

Effective for dates of service on and after May 12, 2023, contracted timely filing periods will be reinstated for those providers who had requested and qualified for these waivers.

Modifier CR on Claims

Effective for dates of service on and after May 12, 2023, modifier "CR" (catastrophe/disaster related) will be discontinued and no longer accepted on claims.

Antiviral Viral Medication

Effective May 12, 2023, the oral antiviral medication Paxlovid is covered under the pharmacy benefit drug policy as a preferred brand with quantity limits, for all products. Claims should be submitted to Navitus. Check a member's formulary for specific coverage and cost share amount.

Monoclonal Antibody Treatments

Currently, the U.S. Food and Drug Administration (FDA) has emergency use authorizations (EUAs) for the following monoclonal antibody drugs:

- A supplemental New Drug Application for COVID-19 VEKLURY® (Remdesivir), which expanded its approval for use in the outpatient setting.
 - The federal government is not purchasing VEKLURY. Medicare Part B will provide payment for the drug and its administration under the applicable Medicare Part B payment policy when provided in the outpatient setting, according to the FDA approval. In most cases, a patient's yearly Part B deductible and 20% co-insurance apply.
- ACTEMRA to treat hospitalized pediatric patients (ages 2-17 years) with severe COVID-19 illness.

Providers can refer to the [FDA Emergency Use Authorization](#) web page for more information about EUA for monoclonal antibody therapies.

Questions?

Please contact your assigned Provider Network Consultant with any questions.