

April 16, 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:

- Antibody testing.
- Condition code DR and Modifier CR.
- Communication technology-based services.
- Timely claims filing.
- Physicians/Practitioners and site changes.
- Member eligibility verification.

### **Antibody Testing**

Prevea360 Health Plan is temporarily expanding in-network coverage to include COVID-19 antibody testing with no member out-of-pocket costs. The American Medical Association published two new codes effective for dates of service on or after April 10, 2020, to describe COVID-19 antibody testing:

- 86328 - Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

CPT code 86328 should be reported once per single-step method (e.g., reagent strip) even if multiple antibody classes (IgG and IgM) are tested. If two antibodies are tested in two separate single-step assays, 86328 may be reported twice. Modifier 59 should be appended to the code for the second test to identify that two distinct analyses were performed.

- 86769 - Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Similarly, if IgG and IgM are tested in separate assays, 86769 may be reported twice. Modifier 59 should be appended to the code for the second test to identify that two distinct analyses were performed.

With the addition of these two new codes, the CPT guidelines, about immunoassays, for codes 86602-86804 have been revised to also include new CPT code 86328. A parenthetical note has been added following code 86635 directing users to new codes 86328 and 86769. Lastly, the description for code 86318 has been changed.

This expanded coverage applies to the Commercial (fully-insured, including ACA) and Medicare products. Expanded coverage for COVID-19 antibody testing for the Dean Administrative Services Only (ASO) product with no member out-of-pocket costs will be made available to employer groups at their discretion.

### **Condition Code DR and Modifier CR**

Effective for dates of service on and after March 1, 2020, Medicare is requiring the DR condition code and CR modifier on institutional and professional claim formats for billing situations related to COVID-19 waivers when the Medicare payment is conditioned on the presence of a “formal waiver,” as defined in the [CMS Internet Only Manual, Publication 100-04, Chapter 38, Section 10](#).

The “DR” (disaster related) condition code should be used by institutional professionals only, at the claim level, when all the services/items billed on the claim are related to a COVID-19 waiver.

The “CR” (catastrophe/disaster related) modifier is used by both institutional and non-institutional providers to identify Part B line item services/items that are related to a COVID-19 waiver.

*Note:* The CR modifier is not required on claims for telehealth services.

### **Communication Technology-Based Services**

Communication technology-based services (CTBS) are furnished via telecommunications technology but are not considered telehealth services. During the public health emergency, Medicare is relaxing rules for HCPCS G2010 and G2012 to include practitioners such as licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists. Services described in G2010 and G2012 are considered “sometimes therapy” services and would require a GN, GO, or GP modifier when furnished by the private practice occupational therapist, physical therapist, and speech-language pathologist.

The Centers for Medicare & Medicaid has also clarified that several types of practitioners are already allowed to bill procedure codes G2061, G2062, and G2063. These practitioners include licensed clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services.

These services temporarily may be furnished to both new and established patients. Member consent to receive these services must be received but can be documented by auxiliary staff under general supervision.

### **Timely Claims Filing**

Prevea360 Health Plan recognizes the administrative burden on organizations and their caregivers during the public health emergency and will consider temporarily extending timely filing limits based upon individual provider contracts. Please proactively contact your Provider Network Consultant to request a timely filing extension before your organization experiences any claim denials due to lack of timely filing.

### **Reporting Physicians/Practitioners and Site Changes**

Please immediately notify your Provider Network Consultant of any physician/practitioner staffing changes (including new hires), redeployment of physicians/practitioners to other locations, and site closures. We are closely monitoring network adequacy during the public health emergency and know that many of our participating providers are making hard decisions regarding best use of physician/practitioner resources to meet the demands of this pandemic. We ask for this information to ensure that we are updating internal records to facilitate accurate and timely benefits and claims administration.

### **Member Eligibility Verification**

During the public health emergency, member eligibility and coverage may be more susceptible to change. Verify member eligibility through the 270/271 Eligibility & Benefit Inquiry and Response transaction, our Provider Portal, or by calling the Customer Care Center before providing services.

### **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