

April 2021

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COVID-19 Update as of April 29, 2021

As we move forward during the COVID-19 pandemic, we support the work of providers, and the guidelines set forth by the Florida Department of Health and the Centers for Disease Control and Prevention (CDC). As information changes, we continue to make process updates for our Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Federal Employee Program[®] (FEP) and Truli for Health lines of business.

During the COVID-19 pandemic, the processes noted below remain in effect until further notice. We will keep you informed as information changes. For easy reference, new updates are noted in "red" throughout the communication.

The Florida State of Emergency has been extended through June 26, 2021.

The Federal Public Health Emergency has been extended through July 20, 2021.

COVID-19 Provider Billing Guidelines

To help you, we have created billing guidelines in response to COVID-19. To ensure proper, timely reimbursement, please submit claims using these guidelines. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated. **Note:** Please check these guidelines often as they will be updated as needed. These remain in effect until further notice. <u>Click here</u> and scroll down to **COVID-19 Provider Billing Guidelines**.

COVID-19 Provider Information Web Page

<u>Click here</u> to find coronavirus information for providers on floridablue.com including current and past communications, billing guidelines, frequently asked questions, forms, support resources, additional resources and more.

Administrative Updates for All Lines of Business (Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Truli for Health)

Service / Benefit	Description	Dates
Availity	Availity ^{*1} transaction results may not reflect the temporary processes and claim adjudication decisions related to COVID-19. Please follow the processes noted below specific to COVID-19 and continue to use Availity for normal eligibility and benefits information.	N/A

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Service / Benefit	Description	Dates
BlueCard®	Please continue to follow the normal business processes to verify eligibility, benefits and authorization requirements.	N/A
New Directions Behavioral Health Helpline	In partnership with New Directions Behavioral Health, members, providers and their staff experiencing stress related to COVID-19 can talk to specially trained bilingual behavioral health counselors at no additional cost via a 24/7 toll-free helpline at 833-848-1762. Further referrals from these hotline calls will be covered per the member's normal benefits/cost shares. Counselors will not be able to assist with questions about COVID-19 testing or treatment, so members should call us at the number on the back of their member ID card for help with those questions.	Until further notice
Vaccines	No member may be charged for a vaccine that has received emergency use authorization by the FDA to prevent COVID-19. Members also cannot be billed for the administrative fee, but the administrative fee may be billed to the insurance company for Commercial plans. Please note that there may be a few grandfathered plans that are not covering the cost share, and in that case, providers may attempt to recover the cost from the Provider Relief Fund. This is in place as long as the government-funded supplies last.	Until further notice

Medicare Advantage Updates

Service / Benefit	Description	Dates
Prescription Drugs	 We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). Members are encouraged to use the 90-day mail order benefit. 	Through the end of the Federal public health emergency, which has been extended through July 20, 2021
Referrals	We are relaxing referral requirements for all service types during this time. Please attempt to obtain a referral through your existing process. If you are unable to obtain a referral, please proceed with providing treatment. Claims will not be denied for failure to obtain a referral but will be reviewed for medical necessity and processed according to the member's contract benefits.	Through the end of the Federal public health emergency.

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Out-of-Network Providers	If a medically necessary service (including labs) is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit.	Through the end of the Federal public health emergency.
Medical Test, Testing-Related Visits and Related Services	 The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. Serology Testing. Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	Through the end of the Federal public health emergency.
Medical Test, Testing-Related Visits and Related Services cont'd.	 Additional visit information. While we have already been waiving some member cost shares related to COVID-19, we are waiving additional member cost shares regardless of whether it is related to COVID-19. This is in effect for the following: In-network primary care visits (office and telemedicine). In-network behavioral health visits (office, outpatient and telemedicine). This is in addition to the \$0 cost share for general medicine visits through Teladoc[®]. 	Through July 20, 2021
Medical Test, Testing-Related Visits and Related Services cont'd.	 Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It 	N/A

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	 is Florida Blue's expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing. Employer Testing for COVID-19 Florida Blue does not cover employer-requested testing under its health plan benefits. These tests should be covered by the employer. Additionally, Florida Blue does not cover tests in the following situations: 	
COVID-19 Medical Treatment	 We have extended waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment. In-patient and observation hospital admissions will be at \$0 cost share to the member. All specialist office and outpatient visits will be at \$0 cost share to the member. Florida Blue medical policy guidelines and the terms of the member's contract still apply. Note: The \$0 member cost share is for treatment while the member has the active virus and COVID-19 is the primary diagnosis. The member's normal cost share will apply when the member receives care for longer-term conditions that may have resulted from COVID-19. Providers should use the diagnosis code for the condition being actively treated. 	Through July 20, 2021
COVID-19 Medical Treatment, cont'd.	 All primary care treatment, regardless of whether it's related to COVID-19, will be at \$0 cost share to the member. Florida Blue medical policy guidelines and the terms of the member's contract still apply. 	Through July 20, 2021

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Teladoc	 All Medicare Advantage members have access to Teladoc virtual visits. Teladoc visits are at \$0 cost share to members through Florida Blue. <u>Click here</u> to find the Teladoc information members received from us. 	Through July 20, 2021
Telemedicine	 In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually. For the appropriate codes and more detailed information, please see below and refer to the COVID-19 Provider Billing Guide. <u>Click here</u> and select COVID-19 Provider Billing Guide. <u>Guidelines</u>. 	
Telemedicine cont'd.	 In-network primary care and behavioral health providers: The virtual visit reimbursement will be based on your current fee schedule. Virtual visits are at \$0 cost share to the member. 	Through July 20, 2021
Telemedicine cont'd.	 In-network specialists: The virtual visit reimbursement will be based on your current fee schedule. The member will be responsible for their normal office visit cost share for this virtual visit. 	Through the end of the Federal public health emergency.
Telemedicine cont'd.	 For in-network general medical care, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. For in-network outpatient professional behavioral health providers, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	N/A
Telemedicine cont'd.	 Expanding virtual visits. We have expanded additional services for virtual visits. In-network behavioral health outpatient facilities performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. You should submit a claim to Florida Blue using the applicable revenue code and HCPCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S0201 – the modifier should be 95 or GT). There are no changes to the locator 4 Type of Bill. Continue to use the code that is currently being used by your facility. Notification or authorization for services are required and the member's cost share will apply. If you have an existing authorization, the authorization does not need to be modified and will 	Through the end of the Federal public health emergency.

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apply based on the number and type of visits/units already authorized. Reimbursement	
will be based on your current fee schedule.	
• CareCentrix home health agency services are now available through virtual visits, if	
clinically appropriate and accompanied by patient consent. CareCentrix has	
established clinical guidelines to determine when services cannot be provided as a	
virtual visit. Many CareCentrix home health services can be provided virtually by a	
CareCentrix network home health provider, including the initial assessment performed	
by an RN and standard services provided by an RN, LPN, Clinical Social Worker and	
Physical, Occupational, and Speech Therapist. The ordering provider should use	
existing processes to submit home health orders to CareCentrix. When an order for	
home health services is appropriate for virtual visits based on the CareCentrix clinical	
criteria, the care will be offered through a virtual visit unless the order indicates that	
home health services must be in-person or the patient refuses the virtual visit. If an in-	
person home health visit must occur, please specify "in-person" on the order, otherwise	
CareCentrix will coordinate the care as a virtual visit. Registration or authorization for	
services is required and existing registrations and authorizations do not need to be	
modified for place of service 02. The member's cost share will apply to the virtual visit.	
 Physician visits to nursing facilities are now available through virtual visits with 	
in-network providers. You should submit a claim to Florida Blue with the following:	
 Initial care nursing facility visits: Use CPT codes 	
99304-99306. The place of service should be the regular place of service as if	
you saw the patient in-person. The modifier should be 95.	
 Subsequent care nursing facility visits: Use CPT codes 99307-99310. The 	
place of service should be the regular place of service as if you saw the patient	
in-person. The modifier should be 95 or GT.	
 Annual wellness visits are now available through virtual visits with in-network 	
providers. You should submit a claim to Florida Blue using CPT codes G0438 or	
G0439. The place of service should be the regular place of service as if you saw the	
patient in-person. The modifier should be 95 or GT.	
 Audio-only visits. CMS is temporarily allowing audio-only visits if video capability is 	
not available. Visits provided consistently with CMS guidelines will be covered for	
Medicare Advantage members.	
 Physical, Occupational and Speech Therapy visits are available through virtual 	
visits with in-network providers. Florida Blue will reimburse these virtual visits provided	
by qualified health care professionals through interactive technology. Benefits will be	
processed in accordance with the member's plan. This change is effective for dates of	

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service beginning March 15. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT.	

Florida Blue Commercial / Affordable Care Act (ACA) Updates

Prescription Drugs	 We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). Members are encouraged to use the 90-day mail order benefit. 	Through the end of the Florida State of Emergency, which has been extended through June 26, 2021
Medical Test, Testing-Related Visits and Related Services	 The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. Serology Testing. Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact CDI Provider Billing Guidelines. For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	Through the end of the Federal public health emergency, which has been extended through July 20, 2021

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

Medical Test, Testing-Related Visits and Related Services cont'd.	 Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is Florida Blue's expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing. 	N/A
	 Employer Testing for COVID-19 Florida Blue does not cover employer-requested testing under its health plan benefits. These tests should be covered by the employer. Additionally, Florida Blue does not cover tests in the following situations: When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs.	
COVID-19 Medical Treatment	 We have extended waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment. This includes in-patient and observation hospital admissions. Florida Blue medical policy guidelines and the terms of the member's contract still apply. The \$0 member cost share is for treatment while the member has the active virus and COVID-19 is the primary diagnosis. The member's normal cost share will apply when the member receives care for longer-term conditions that may have resulted from COVID-19. Providers should use the diagnosis code for the condition being actively treated. 	July 20, 2021

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	 Note: This policy may not apply to self-funded ASO employer customers. Florida Blue is working with these customers to determine how they would like us to administer the benefits under their plan. 	
Teladoc	 Many members have access to Teladoc virtual visits as a standard benefit in 2021. <u>Click here</u> to find the Teladoc information members received from us. Note: For self-insured employer groups, it is at their discretion whether they offer this coverage and what the member's cost share will be. 	N/A
Teladoc, cont'd	Teladoc visits are at \$0 cost share to members who do not have a health savings account (HSA)	N/A
Teladoc, cont'd	Teladoc visits are at \$0 cost share for members with HSAs	July 20, 2021
Telemedicine	 Telemedicine became a standard benefit in 2021 for most members. In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually. For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. In-network primary care providers and specialists: The virtual visit reimbursement will be based on your current fee schedule. Member will be responsible for their normal office visit cost share for this virtual visit. In-network behavioral health providers: The virtual visit (office and outpatient) reimbursement will be based on your current fee schedule. Virtual visits are at \$0 cost share to the member. For in-network general medical care, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be 02 and the modifier should be 95 or GT. For in-network outpatient professional behavioral health providers, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule with a place of service 02 and the modifier should be 95 or GT. Expanding virtual visits. We have expanded additional services for virtual visits. In-network behavioral health outpatient facilities performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. You should submit a claim to Florida Blue using the applicable revenue code and HCPCCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S	N/A

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

authorization for services are required and the member's cost share will apply. If you
have an existing authorization, the authorization does not need to be modified and will
apply based on the number and type of visits/units already authorized. Reimbursement
will be based on your current fee schedule.
 CareCentrix home health agency services are now available through virtual visits, if
clinically appropriate and accompanied by patient consent. CareCentrix has
established clinical guidelines to determine when services cannot be provided as a
virtual visit. Many CareCentrix home health services can be provided virtually by a
CareCentrix network home health provider, including the initial assessment performed
by an RN and standard services provided by an RN, LPN, Clinical Social Worker and
Physical, Occupational, and Speech Therapist. The ordering provider should use
existing processes to submit home health orders to CareCentrix. When an order for
home health services is appropriate for virtual visits based on the CareCentrix clinical
criteria, the care will be offered through a virtual visit unless the order indicates that
home health services must be in-person or the patient refuses the virtual visit. If an
in-person home health visit must occur, please specify "in-person" on the order,
otherwise CareCentrix will coordinate the care as a virtual visit. Registration or
authorization for services is required and existing registrations and authorizations do
not need to be modified for place of service 02. The member's cost share will apply to
the virtual visit.
 Physician visits to nursing facilities are now available through virtual visits with
in-network providers. You should submit a claim to Florida Blue with the following:
 Subsequent care nursing facility visits: Use CPT codes 99307-99310. The
place of service should be 02 or 32 and the modifier should be 95 or GT.
 Initial care nursing facility visits: Use CPT codes 99304-99306. The place of
service is 32. The modifier should be 95.
 Annual wellness visits are available through virtual visits with
in-network providers. You should submit a claim to Florida Blue using the standard
annual wellness CPT codes, with place of service 02 and modifier GT or 95.
 Physical, Occupational and Speech Therapy visits are available through virtual visits with
in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health
care professionals through interactive technology. Benefits will be processed in accordance
with the member's plan. This change is effective for dates of service beginning March 15. The
place of service should be 02 and the modifier should be 95 or GT.

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Telemedicine cont'd.	 Expanding virtual visits cont'd. Audio-only virtual visits. Florida Blue is temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered. 	Through the end of the Florida State of Emergency
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Truli for Health Updates

Service / Benefit	Description	Dates
Prescription Drugs	 We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). Members are encouraged to use the 90-day mail order benefit. 	Through the end of the Florida State of Emergency, which has been extended through June 26, 2021
Medical Test, Testing-Related Visits and Related Services	 The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. Serology Testing. We will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. 	Through the end of the Federal public health emergency, which has been extended through July 20, 2021

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Truli for Health Updates cont'd.

	 Reminder: Refer your patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	
Medical Test, Testing-Related Visits and Related- Services cont'd.	 Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): Pre-procedure testing will be covered when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is our expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing. 	N/A
	 Employer Testing for COVID-19 Employer-requested testing is not covered under the employer's health plan benefits. These tests should be covered by the employer. Additionally, we do not cover tests in the following situations: 	

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COVID-19 Medical Treatment	 We have extended waiving the member's cost share for those who have a positive diagnosis for COVID-19 and must undergo treatment. This includes in-patient and observation hospital admissions. Our medical policy guidelines and the terms of the member's contract still apply. The \$0 member cost share is for treatment while the member has the active virus and COVID-19 is the primary diagnosis. The member's normal cost share will apply when the member receives care for longer-term conditions that may have resulted from COVID-19. Providers should use the diagnosis code for the condition being actively treated. 	Through July 20, 2021
Teladoc	 Teladoc virtual visits are included as a standard member benefit at the member cost share. Please use Availity for normal eligibility and benefits information. 	N/A
Telemedicine	 In-network primary care and behavioral health providers. Virtual visits are included as a standard member benefit. Please use Availity for normal eligibility and benefits information. 	N/A
Telemedicine (cont'd)	 In-network specialists: Virtual visits are included as a standard member benefit starting Jan. 1, 2021 The virtual visit reimbursement will be based on your current fee schedule. Members will be responsible for their normal office visit cost share for this virtual visit. 	N/A
Telemedicine (cont'd)	 Expanding virtual visits Audio-only virtual visits. We are temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered. 	Through the end of the Florida State of Emergency

Federal Employee Program (FEP) Updates

Service / Benefit	Description	Dates
Prior Authorizations	Prior authorizations are waived for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.	Effective until further notice
Tests and Treatment	Effective Jan. 22, 2021, professional, outpatient and inpatient facility claims with dates of service on or after Jan. 1, 2021 will only receive the COVID-19 benefit (100% of the plan allowance/charges, with no member cost-share regardless of the provider network status) when billed with diagnosis code U071 or Z20822 or one of these COVID-19 testing procedure codes:	Effective until further notice

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	 C9803, G2023, G2024, U0001, U0002, U0003, U0004, U0005,0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637 or 87811 In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. Serology Testing. Serology (antibody) testing will be covered at \$0 cost share to the member if the test and associated office visit are on the same claim or the claim has one of the COVID-19 diagnosis codes listed in the COVID-19 Provider Billing Guide. For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Reminder: Refer your patients to an in-network lab for services according to their contract benefits. While there are independent labs that are in network, Quest Diagnostics is our preferred lab provider. 	
Telemedicine and Teladoc	Copays are waived for all telehealth services provided by Teladoc. If the member chooses to see a provider who is not in the Teladoc network, they will be responsible for their normal office visit cost share for the virtual visit.	Effective until further notice
Prescription Drugs	 We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). We are eliminating member cost share for prescriptions up to a 30-day supply when it is part of their treatment for COVID-19. Members are encouraged to use the 90-day mail order benefit. We are ensuring formulary flexibility if there are medication shortages or access issues. Patients will not be responsible for additional charges when getting non-preferred medication when a formulary drug is not available. For additional information or questions, FEP members should consult their pharmacy benefit manager related to their prescription medications. 	Effective until further notice
For more informatio	n regarding FEP, please visit <u>fepblue.org</u> .	

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