



Coronavirus (COVID-19) Information For Medicare Advantage Providers

Aspirus Health Plan is committed to protecting our members and the community from coronavirus (COVID-19). It is Aspirus Health Plan's intent to follow Medicare guidelines for our Medicare Advantage plans.

Aspirus Health Plan is monitoring the Centers for Medicare & Medicaid Services (CMS) requirements and will make updates to this document as CMS updates existing requirements and adds new coverage and payment criteria.

To assist our provider partners in navigating this fluid situation, Aspirus Health Plan has developed this document sorted by topic to address common questions. We will continue to update it with additional information as it becomes available, so please check back regularly. Each page will show at the top the date that it was last updated and a bulleted list of changes that have been made.

Please contact the Provider Assistance Center at 715-631-7412 or 1-855-931-4851 with any other questions.

DOCUMENT LAST UPDATED JULY 8, 2022

Recent Changes the Weeks of June 20 and 27

- July 8, 2022 – On the Billing and Payment page, details surrounding COVID-19 Tests and Treatment for Medicare Advantage plans were updated.
- July 8, 2022 – On the Billing and Payment page, COVID-19 testing codes were updated.
- July 8, 2022 – On the Billing and Payment page, COVID-19 vaccine codes were updated.
- July 8, 2022 – On the Billing and Payment page, information within the COVID-19 Monoclonal Antibodies section was updated.

- July 8, 2022 – On the Telehealth, Telemedicine and Technology Based Services Page, eligible telehealth services information updated.

Topics

Click the links below to learn additional information on these topics:

[Adding Practitioners/Locations on a Temporary Basis](#)

[Ambulance Services](#)

[Authorizations](#)

[Billing and Payment – including vaccine coverage \(Other than Telehealth, Telemedicine and Technology Based Services\)](#)

[Credentialing](#)

[Aspirus Coronavirus \(COVID-19\) Resource Center](#)

[Pharmacy and Formularies](#)

[Telehealth, Telemedicine and Technology Based Services](#)

[Helpful Resources](#)

COVID-19

Adding Practitioners/Locations on a Temporary Basis

All information contained on this page is applicable only during the COVID-19 Public Health Emergency (PHE). In the event of any conflict or inconsistency between the information contained on this page and the contents of the Aspirus Health Plan Medicare Advantage Plans Provider Manual, the information on this page shall control during the identified time frame.

PAGE LAST UPDATED JANUARY 13, 2021

Aspirus Health Plan is monitoring CMS requirements and will make updates to this document as CMS updates existing requirements and adds new coverage and payment criteria.

You can add a practitioner to a new location temporarily due to COVID-19 as long as Aspirus Health Plan shows that the practitioner has current credentialing and the location is one that would typically require an affiliated practitioner. Aspirus Health Plan Credentialing will notify you if credentialing is necessary. To request a practitioner or new location be added temporarily due to COVID-19, please send spreadsheets with the changes to credentialingma@aspirushealthplan.com.

A spreadsheet is required when submitting add-on providers. Be sure to include the Last Name, First Name, Title, Individual NPI, License State, License ID, Practice Location Address, Effective Date, Tax ID, Billing NPI and Office Phone number.

All additions due to COVID-19 will be loaded with an indicator that will allow us to identify and remove them after the COVID-19 pandemic has passed. Please continue to use the add forms located on [Aspirus Health Plan.com](https://www.aspirushealthplan.com) to add practitioners and locations on a permanent basis.

Aspirus Health Plan will communicate through our provider newsletter the planned removal date for the practitioners and locations that were added on a temporary basis due to COVID-19.

Aspirus Health Plan has extended locum tenens practitioners at a participating clinic or facility from 90 days to 180 days.

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Ambulance Services

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PAGE LAST UPDATED JANUARY 13, 2021

Effective March 1, 2020, and through the COVID 19 PHE, medically necessary emergency and non-emergency ground ambulance transports from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished. These destinations include:

- Any location that is an alternative site determined to be part of a hospital, Community Access Hospital (CAH) or skilled nursing facility (SNF)
- Community mental health centers
- Federally Qualified Health Centers (FQHC)
- Physician's offices
- Urgent care facilities
- Ambulatory surgery centers (ASCs)
- Any other location furnishing dialysis services outside of the end stage renal disease (ESRD) facility
- The beneficiary's home

CMS expanded the descriptions for the origin and destination claim modifiers to identify the new temporarily covered locations. The additional ambulance modifiers are outlined below:

- D Modifier - Community mental health center, FQHC, Rural Health Clinics (RHC), urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility
- E Modifier – Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's home

- H Modifier - Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center
- N Modifier - Alternative care site for SNF
- P Modifier - Physician's office
- R Modifier - Beneficiary's home

For the complete list of ambulance origin and destination claim modifiers refer to the [Medicare Claims Processing Manual Chapter 15 \(PDF\)](#), Section 30 A.

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COVID-19 Authorizations

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PAGE LAST UPDATED JANUARY 26, 2022

Waiving of Prior Authorization Requirements

Aspirus Health Plan is temporarily changing prior authorization and notification requirements for certain post-acute care services effective for dates of service through April 30, 2022, in response to the Coronavirus (COVID-19) state of emergency. These changes will help to meet the needs of our members who may require post-acute care in the following settings:

- Skilled Nursing Facility & Swing Bed
- Long-Term Acute Care Hospital
- Acute Inpatient Rehabilitation

Providers should continue to use Aspirus Health Plan's prior authorization form for notification as indicated in the chart. Notifications do not require the attachment of medical notes.

POST-ACUTE CARE SETTING	ASPIRUS HEALTH PLAN PLANS	ASPIRUS HEALTH PLAN NOTIFICATION AND AUTHORIZATION TEMPORARY REQUIREMENTS EFFECTIVE FOR DATES OF SERVICE 1/01/2021 THROUGH 01/31/2022
Skilled Nursing Facility & Swing Bed Admission	Aspirus Health Plan Medicare Advantage Plans	<p>Notification to Aspirus Health Plan within 48 hours of admission.</p> <p>Aspirus Health Plan will continue to complete Concurrent Review.</p> <p>https://www.aspirushealthplan.com/medicare/wp-content/uploads/provider/documents/NHSwingBedAdmissionUpdateform_ASP.docx</p>
Long-Term Acute Care Hospital	Aspirus Health Plan Medicare Advantage Plans	<p>Notification to Aspirus Health Plan within 48 hours of admission.</p> <p>Aspirus Health Plan will continue to complete Concurrent Review.</p> <p>https://www.aspirushealthplan.com/medicare/wp-content/uploads/provider/auths/PA_General_ASP.pdf</p>
Acute Inpatient Rehab	Aspirus Health Plan Medicare Advantage Plans	<p>Notification to Aspirus Health Plan within 48 hours of admission.</p> <p>Aspirus Health Plan will continue to complete Concurrent Review.</p> <p>https://www.aspirushealthplan.com/medicare/wp-content/uploads/provider/auths/PA_General_ASP.pdf</p>

For all other services, Aspirus Health Plan will continue to use its current prior authorization guidelines. Please refer to [Aspirus Health Plan's authorization grids](#) for these requirements.

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COVID-19

Billing and Payment

All information contained on this page is applicable only during the COVID-19 PHE. In the event of any conflict or inconsistency between the information contained on this page and the contents of the Aspirus Health Plan Medicare Advantage Plans Provider Manual, the information on this page shall control during the identified time frame.

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PAGE LAST UPDATED JULY 8, 2022

- July 8, 2022 – Details surrounding COVID-19 Tests and Treatment for Medicare Advantage plans were updated.
- July 8, 2022 – COVID-19 testing codes were updated.
- July 8, 2022 – COVID-19 vaccine codes were updated.
- July 8, 2022 – Information within the COVID-19 Monoclonal Antibodies section was updated.

Telehealth Services

Additional billing and payment information about telehealth services is available on the [Telehealth, Telemedicine and Technology Based Services](#) page.

COVID-19 Tests and Treatment

Over-the-Counter COVID-19 Tests

As of April 4, 2022, and until the public health emergency ends, Aspirus Health Plan members can get up to eight FDA-authorized over-the-counter COVID-19 tests every calendar month without a prescription.

To get these at-home COVID-19 tests:

Redeem at a Pharmacy - At participating pharmacies or health care providers, show your red, white, and blue Medicare card (not your Aspirus card) at the pharmacy counter. Pharmacies may be able to provide tests without this card. You can find a list of participating pharmacies here: <https://www.medicare.gov/medicare-coronavirus>

If a pharmacy is not participating in this program offered by the federal government, you may be asked to pay for tests.

If you purchase over-the-counter tests, reimbursement is not available. Medicare cannot process a claim for a COVID-19 over-the-counter test.

CPT/HCPCS for COVID-19 Related Services

Diagnostic Testing

- U0001 – Coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
- U0002* - Validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
- U0003 – Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01- processing more than 200 specimens per day). Effective Jan. 1, 2021, HCPCS code U0005 should be submitted as an add-on code, when appropriate.
- U0004 -2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R (processing more than 200 specimens per day). (Effective April 14, 2020)

- U0005 –Add-on code to U0003, when the laboratory:
 - Completes the test in two calendar days or less; and
 - Completes the majority of their COVID-19 diagnostic tests that use high throughput technology in two calendar days or less for all of their patients (not just their Medicare patients) in the previous month).
- 0202U - Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected (Effective May 20, 2020)
- 0223U- Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected (Effective June 25, 2020)
- 0225U - Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (Effective Aug. 10, 2020)
- 0240U - Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected (Effective Oct. 6, 2020)
- 0241U - Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected (Effective Oct. 6, 2020)
- 86408 - Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
- 86409 - Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
- 87426- Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) (Effective June 25, 2020)
- 87428–Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B (Effective Nov. 10, 2020)
- 87635* Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (Effective Feb. 4, 2020)

- 87636 – Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) (Coronavirus disease [COVID19]) and influenza virus types A and B, multiplex amplified probe technique (Effective Oct. 6, 2020)
- 87637 – Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) (Coronavirus disease [COVID19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique (Effective Oct. 6, 2020)
- 87811 – Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective Oct. 6, 2020)

Specimen Collection

Three codes are available for specimen collection:

- G2023-Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- G2024-Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
- C9803- Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source

99211 may be billed for a specimen collection in an office place of service.

Antibody Testing

The following codes are available for antibody testing:

- 0224U - Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed (Effective June 25,2020)
- 0226U – Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
- 86328-Immunoassay for infectious agent antibody(ies), qualitative or semi quantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective April 10, 2020)
- 86413 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative (Effective Sept. 8, 2020)

- 86769 – Antibody testing using multiple-step method; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective April 10, 2020)

*Effective with dates of service on or after March 20, 2020, HCPCS codes U0002 and 87635 must have the –QW modifier appended for them to be recognized as a test that can be performed in a facility having a CLIA certificate of waiver.

COVID-19 Vaccines

COVID-19 Vaccines, Tests and Treatment for Medicare Advantage Members

Member Out of Pocket Expenses

Aspirus Health Plan will continue to waive coinsurance, copays and deductibles for in-network hospital observation and inpatient services to treat COVID-19 through the COVID-19 public health emergency for members in our Medicare Advantage plans.

If a member goes to the emergency department for treatment and is not admitted as an inpatient or placed under observation, cost sharing will continue to apply according to the terms of the member's Evidence of Coverage (EOC) for services provided in the emergency department.

Aspirus Health Plan will continue to cover copays, coinsurance or deductibles for provider-ordered COVID-19 tests meeting Centers for Disease Control and Prevention (CDC) guidelines through the COVID-19 public health emergency.

At this time, Aspirus Health Plan will cover copays, coinsurance or deductibles for medically necessary clinic and urgent care visits when a COVID-19 test is administered.

Changes in Billing for COVID-19 Vaccines and Monoclonal Antibodies

Effective Jan. 1, 2022, Aspirus Health Plan is responsible for the payment of COVID-19 vaccines, vaccine administration, monoclonal antibodies and administration of monoclonal antibodies for members in our Medicare Advantage Plans. Providers should not bill Aspirus Health Plan for vaccines or antibodies they received for free.

Effective Jan. 1, 2021, and through the COVID-19 public health emergency, for the laboratory services outlined below, Aspirus Health Plan will not impose any ICD-10 diagnosis restrictions, including screening diagnosis codes:

- U0001 – U0004 - Diagnostic panels
- 87635, 86328, and 86769 - Laboratory studies
- G2023 and G2024 - Specimen collection codes

Listed below are the codes that should be used when billing for COVID-19 vaccines:

VACCINES			
CODE	VACCINE	DESCRIPTION	EFFECTIVE DATE
0001A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	12/11/2020
0002A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	12/11/2020
0003A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose	8/12/2021
0004A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose	9/22/2021

0011A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	12/18/2020
0012A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	12/18/2020
0013A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, <u>100</u> mcg/0.5 mL dosage; third dose	8/12/2021
0031A	Janssen	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; single dose	2/27/2021
0034A	Janssen	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; booster dose	10/20/2021
0051A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose	1/3/2022
0052A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose	1/3/2022

0053A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose	1/3/2022
0054A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose	1/3/2022
0064A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose	10/20/2021
0071A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	10/29/2021
0072A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	10/29/2021
0073A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	1/3/2022
0074A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, <u>10</u> mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	5/17/2022

0082A	Pfizer	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months-4 years) (Maroon Cap) Administration First Dose	6/17/2022
0083A	Pfizer	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months-4 years) (Maroon Cap) Administration Third Dose	6/17/2022
0094A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, <u>50</u> mcg/0.5 mL dosage, booster dose	3/29/2022
91300	Pfizer	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	12/11/2020
91301	Moderna	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	12/18/2020
91305	Pfizer	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	1/3/2022
91306	Moderna	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	10/20/2021
91307	Pfizer	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	10/29/2021

91308	Pfizer	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months-4 years) (Maroon Cap)	6/17/2022
91309	Moderna	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, <u>50</u> mcg/0.5 mL dosage, for intramuscular use	3/29/2022
M0201	Home Vaccine Admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	6/8/2021

M0201 Administering the COVID-19 Vaccine in the Patient’s Home and Communal Homes

M0201 - Covid-19 vaccine home administration, Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home. (Effective June 8, 2021)

M0201 is an add-on code and must be billed with the product specific vaccine and vaccine administration code for the additional payment amount for administering the COVID-19 vaccine in the home. Additional billing guidelines for M0201 are:

- Bill for the additional in-home payment amount only if the sole purpose of the visit is to administer a COVID-19 vaccine. You shouldn’t bill for the additional amount if you provide and bill Aspirus Health Plan for another service in the same home on the same date.
- Bill for the additional payment amount only once per home per date of service for dates of service between June 8 and August 24, 2021. For dates of service on or after August 24, 2021, Aspirus Health Plan will allow the additional payment for up to a maximum of 5 vaccine administration services per home unit or communal space within a single group living location; but only when fewer than 10 Medicare patients receive a COVID-19 vaccine dose on the same day at the same group living location. When 10 or more Medicare patients receive a COVID-19 vaccine dose at a group living location on the same day, the additional payment can only be billed once per home (whether the home is an individual living unit or a communal space).
 - Bill the HCPCS Level II code (M0201) only 1 time for the additional payment rate if the date of service is between June 8, 2021, and August 24, 2021. For dates of service on or after August 24, 2021, if fewer than 10 Medicare patients are vaccinated on the same day in the same group living location, report the HCPCS Level II code M0201 for each Medicare patient vaccinated in each home that day, and up to a maximum of 5 times when multiple Medicare patients are vaccinated in the same home unit or communal location.

Aspirus Health Plan will add additional vaccines and vaccine administration codes as new vaccines are approved for emergency use.

COVID-19 vaccines can be furnished at temporary expansion sites including gymnasiums, or other non-clinical locations, as well as those established by the state, Army Corp of Engineers, or other governmental agencies.

Aspirus Health Plan cannot accept roster billing for vaccines; continue to follow standard billing guidelines when submitting services.

Monoclonal Antibodies

Aspirus Health Plan covers monoclonal antibody treatments that are authorized by the FDA. Treatments for COVID-19 are continually changing. COVID-19 monoclonal antibodies can be used for all Aspirus Health Plan products.

For the most up-to-date list of monoclonal antibodies which are authorized by the FDA, the associated codes, and effective dates, including those monoclonal antibodies no longer authorized, refer to the following link:

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

Modifier CS

Effective for dates of service starting March 18, 2020, and through the public health emergency, Aspirus Health Plan waived member cost-share for services related to testing and evaluation of COVID-19. The most current list of CMS waived services can be found [here](#).

The -CS modifier should only be used when related to COVID-19 testing for the CMS list of waived services. Based on internal review of claims, we are finding that providers are appending the CS modifier in situations where no testing has been done, the service provided is not waiver eligible, and/or the diagnosis is unrelated to COVID-19. As a result, Aspirus Health Plan may audit previously paid claims and make any necessary adjustment to claims if they do not meet the criteria for COVID-19 waived services

Pricing

Refer to your Aspirus Health Plan Provider Contract for specific information regarding fee schedules and pricing. Aspirus Health Plan follows Medicare guidelines.

As CMS issues updates or changes Aspirus Health Plan will implement these changes based on the timeline outlined in your Aspirus Health Plan contract.

99072 for Additional Supplies, Materials, and Clinical Staff Time Over and Above Those Usually Included in an Office Visit or Other Non-Facility Service(s), When Performed During a Public Health Emergency as Defined by Law, Due to Respiratory-Transmitted Infectious Disease

No separate payment will be made for CPT code 99072 billed for the supplies and clinical staff time to perform safety protocols during the public health emergency. These services are included in the service or procedure furnished to the patient.

Disaster Related (DR) Condition Code and Catastrophe/Disaster (CR) Modifier

With the exception of telehealth eligible services, use of the “DR” condition code and “CR” modifier are mandatory for facility and professional providers in billing situations related to COVID-19 for any claim for which Medicare payment is conditioned on the presence of a formal waiver.

The DR condition code is used only for facility billing when claims are submitted using the 837-I institutional claim format.

The –CR modifier is used by both facility and professional providers to identify Part B line item services/items in billing situations related to COVID-19 waiver. See the grid to identify when the –CR Modifier and DR condition code should be used.

The DR condition code and –CR modifier are used to identify claims associated with waived services and are informational. Claims will not be denied if the condition code or modifier are not submitted on the claim.

Sequestration

Aspirus Health Plan follows CMS guidelines regarding sequestration.

Increase to the MS-DRG for Confirmed COVID-19 Cases

Through the COVID-19 PHE, the weighting factor of the assigned Diagnosis-Related Group (DRG) to inpatient claims for individuals diagnosed with COVID-19 will be increased by 20 percent (20%). The increase will be accomplished by implementing an adjustment factor to increase the MS-DRG relative weight applied when determining IPPS operating payments (labor and supply costs) for hospital discharges described above.

The diagnosis code U07.1 (COVID-19) will identify hospital discharges for the treatment of COVID-19. The links below offer additional ICD-10 CM coding guidance:

For hospital discharges on or after April 1, 2020, the ICD-10-CM Official Coding and Reporting Guidelines are at <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

Remote Patient Monitoring

Through the COVID-19 PHE eligible providers can furnish remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can be provided for patients with only one disease. Providers may bill the following CPT codes:

- 99091 - Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
- 99454 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

Note: CPT guidelines indicates remote physiologic monitoring service described by CPT code 99454 cannot be reported for monitoring of less than 16 days. For purposes of treating suspected COVID-19 infections, services can be reported for time periods of less than 16 days as long as the other code requirements are met.

- 99457 - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

- 99458 - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 99473 - Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- 99474 - Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
- 99493 - Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
- 99494 - Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure).

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COVID-19 Credentialing

All information contained on this page is applicable only during the COVID-19 PHE. In the event of any conflict or inconsistency between the information contained on this page and the contents of the Aspirus Health Plan Medicare Advantage Plans Provider Manual, the information on this page shall control during the identified time frame.

Aspirus Health Plan is monitoring CMS requirements and will make updates to this document as CMS updates existing requirements and adds new coverage and payment criteria.

PAGE LAST UPDATED JANUARY 13, 2021

Subject to applicable state licensure laws, Aspirus Health Plan will follow recent CMS guidelines regarding temporarily waiving requirements that licensed out-of-state providers also be licensed in the state where they are providing services. This applies to all Aspirus Health Plan plans.

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COVID-19

Pharmacy and Formularies

All information contained on this page is applicable only during the COVID-19 PHE. In the event of any conflict or inconsistency between the information contained on this page and the contents of the Aspirus Health Plan Medicare Advantage Plans Provider Manual, the information on this page shall control during the identified time frame.

Aspirus Health Plan is monitoring CMS requirements and will make updates to this document as CMS updates existing requirements and adds new coverage and payment criteria.

PAGE LAST UPDATED JANUARY 13, 2021

Early Refills

Aspirus Health Plan is waiving “refill too soon” requirements on medications for members in all Aspirus Health Plan products. We have worked closely with our pharmacy benefit manager, Express Scripts, to allow pharmacies to override refill too soon rejections if the pharmacist identifies the need to fill the prescription early due to the Coronavirus pandemic. This is in place while the public health emergency is in effect.

Early refills for controlled substances will be subject to a pharmacy’s internal policy and direction from the member’s provider.

90-Day Prescription Refills & Mail Order Services

Medicare Advantage plan members may ask their health care provider for a 90-day supply of maintenance medications and are encouraged to use mail order services to minimize exposure. Members may contact Express Scripts Mail Order by phone at 1-877-567-6320 or login to the ESI member portal at [express-scripts.com](https://www.express-scripts.com).

Delivery Options

Express Scripts has reached a temporary agreement with some pharmacies to mail prescriptions to Aspirus Health Plan members. This temporary agreement is solely due to the COVID-19 pandemic and will be revisited periodically to determine if it is still necessary.

Due to COVID-19, many retail pharmacies are offering delivery services or special pickup services. Members should contact their pharmacy for details about services they offer. Delivery services may not be available at all locations and not all medications are included. Delivery services may be stopped at any time as determined by each pharmacy.

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COVID-19

Telehealth, Telemedicine and Technology Based Services

All information contained on this page is applicable only during the COVID-19 PHE. In the event of any conflict or inconsistency between the information contained on this page and the contents of the Aspirus Health Plan Medicare Advantage Plans Provider Manual, the information on this page shall control during the identified time frame.

PAGE LAST UPDATED JULY 8, 2022

- July 8, 2022 – Eligible telehealth services information updated.

Providers Working from Home

Through the COVID-19 PHE when an eligible provider is furnishing telehealth eligible services from home due to COVID-19 restrictions or for, the address submitted on the claim should be the same as the one the provider customarily uses when submitting claims to Aspirus Health Plan. If the provider is performing services from a home-based office that has been enrolled with Aspirus Health Plan, then the home-based office address should be submitted on the claim.

Eligible Telehealth Services

Aspirus Health Plan will follow current Telehealth guidelines, as well as the temporary CMS Guidance published March 17, 2020 - <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. This includes expanding the definition of originating site to include professional services furnished in all eligible health care settings, and in the patient's residence. In addition, Aspirus Health Plan will follow CMS' temporary guidelines expanding the technology that can be used to furnish an eligible telehealth service.

Telehealth Eligible Services

It is Aspirus Health Plan's intent to follow CMS guidelines and will add, delete and terminate the use of temporarily available codes for COVID-19 during the national public health emergency based on CMS' notification and effective dates. The most current list of eligible services can be found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Effective Jan. 1, 2021, CMS added G2212 (Prolonged Services) to the telehealth eligible service list. The most current version of CMS' telehealth eligible list can be found [here](#).

Effective Jan. 1, 2021, 99201 has been deleted and will no longer be an eligible service.

Additional Updates/Clarification

- Subsequent Nursing Home Visits - The frequency changed from once every 30 days via telehealth to once visit every 14 days.
- Direct Supervision by Interactive Telecommunications Technology - When required, direct supervision may be provided using real-time, interactive audio and video technology through the later of the end of the calendar year in which the public health emergency ends or Dec. 31, 2021.
- Appropriate Use of Telehealth Services - Telehealth rules do not apply when the patient and provider are in the same location even if audio/video technology assists in furnishing the service.

Audio-Only Technology

Through the COVID-19 PHE, CMS defined those telehealth-eligible services that can be furnished without a visual component. Refer to the link above.

Billing and Payment Guidelines for Eligible Telehealth Services

Until the COVID-19 PHE is suspended, the following guidelines will be temporarily implemented for all telehealth-eligible services:

- Append the -95 modifier when submitting telehealth eligible services to Aspirus Health Plan;
- Submit telehealth eligible services with the place of service that would have been billed had the service been furnished face-to-face;
- Aspirus Health Plan will accept Place of Service (POS) 2 or 10;
- POS 10: Telehealth in a patient's home (effective 1/1/2022-for all products)

- POS 2: (Telehealth provided other than in a patient's home)
- If place of service 02 or 10 are submitted, payment will be based on the Medicare facility allowed amount; and
- When providing eligible telehealth Evaluation and Management services via telehealth select the level of service based on medical decision-making or time.

Telephone calls (CPT codes 99441, 99442 and 99443) have been added to the list of telehealth-eligible services, and the pricing of these services will be updated to the same amount as CPT codes 99212, 99213 and 99214, respectively. Telephone calls should be used when an E/M service is furnished but no video component of telehealth was used.

Rural Health Clinics and FQHCS

Rural Health Clinics (RHC)

Rural Health Clinics may bill for telehealth distant site services. Billing guidelines are outlined below:

- Submit telehealth using revenue code 052X;
- Use HCPSC code G2025; and
- Use of modifier -95 is optional. Claims should not be submitted with modifier –CG modifier.

Source: MLN Matters [SE20016](#) Revised

Federally Qualified Health Centers (FQHC)

FQHCs may bill for telehealth distant site services. Billing guidelines are outlined below:

- Submit telehealth using revenue code 052X;
- Use HCPCS code G2025; and
- Append modifier –CG to the claim. Modifier -95 is optional.

Billing for Other Technology-Based Services

In addition to telehealth services there are other technology-based services that providers may use.

Until the COVID-19 PHE is suspended, the following services are eligible for payment:

CATEGORY	CPT / HCPCS CODE	NARRATIVE DESCRIPTION	ADDITIONAL INFORMATION
Virtual Visits	G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related Evaluation and Management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	Through COVID-19 Public Health Emergency virtual visits can be to new and established patients.
Virtual Visits	G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor	Through COVID-19 Public Health Emergency virtual visits can be to new and established patients.

		leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	
E-Visits	99421 99422 99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.	
E-Visits	Effective for claims with a date of service 01/01/2021, claims should be submitted using the following codes: 98970 98971 98972	Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.	
Telephone Assessments	98966 98967 98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days	

		nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.	
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Billing for Services Provided in an Outpatient Facility

Until the national public health emergency is suspended, when an eligible outpatient provider employed by the hospital furnishes telehealth eligible services (e.g., physical therapy, occupational therapy, speech language therapy), bill the services as you normally would, and append the -95 modifier to the telehealth eligible service(s) provided.

Facility Telehealth Visits

Until the COVID-19 PHE is suspended, the service limitations applied to the telehealth services listed below will no longer be applicable:

- A subsequent inpatient visit (99231-99233) can be furnished via telehealth, without the limitation that the telehealth visit occurs only once every three days;
- A subsequent skilled nursing facility visit (99307-99310) can be furnished via telehealth, without the limitation that the telehealth visit is once every 30 days; and
- Critical care consult codes (G0508-G0509) may be furnished by telehealth beyond the once per day limitation.

Critical Access Hospitals (CAH) Method II Distant Site Telehealth Services

The requirements for CAH Method II providers have not changed. When distant site services are billed CAH method II providers on an institutional claim, the -GT modifier should be appended to services performed via telehealth.

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Helpful Resources

We have collected the following links to State and Federal resources. We will continue to update this page as more information becomes available.

Please contact the Provider Assistance Center at 715-631-7412 or 1-855-931-4851 with any other questions.

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Centers for Medicare & Medicaid Services (CMS) Resources

[CMS - Current Emergencies](#)

[CMS - Medicare Provider Enrollment Relief FAQs](#)

[CMS - General Provider Telemedicine and Telehealth Tool Kit](#)

[CMS - Medicare Telemedicine Health Care Provider Fact Sheet](#)

[CMS - Eligible Telehealth Services](#)

[CMS Press Release, March 5, 2020 – CMS Develops Additional Code for Coronavirus Lab Tests](#)

[CMS – Medicaid and Children’s Health Insurance Program \(CHIP\) Fact Sheet](#)

[CMS – Individual and Small Group Market Insurance Coverage Fact Sheet](#)

[CMS - Non-Emergent, Elective Medical Services, and Treatment Recommendations](#)

[CMS - ESRD Telehealth and Telemedicine Tool Kit](#)

[CMS - COVID-19 Frequently Asked Questions on Medicare Fee-for-Services Billing](#)

[CMS - Ambulances: CMS Flexibilities to Fight COVID-19](#)

[CMS - MLN Matters SE20011 Revised, Medicare Fee-for-Service Response to the Public Health Emergency on COVID-19](#)

[CMS - MLN Matters MM11765, Addition of the QW Modifier to HCPCS Code U0002 and 87635](#)

[CMS - MLN Matters MM11805, Summary of Policies in the Calendar Year 2020 Medicare Physician Fee Schedule Public Health Emergency Interim Final Rules](#)

[CMS - Medicare Claims Processing Manual Chapter 15 \(PDF\)](#)

[CMS - MLN Connects 2020-04-07, COVID-19: Telehealth Video, Coinsurance and Deductible Waived, ASC Attestations, Ambulance Modifiers, Lessons From Front Lines, MLN Call Today](#)

[MLN Connects Special Edition, May 19, 2020 - COVID-19: Payment for Lab Tests, Safely Reopening Nursing Homes, Lab & Ambulance Claims](#)

Centers for Disease Control and Prevention Resources

[CDC - Coronavirus \(COVID-19\)](#)

[CDC - People Who Are at Higher Risk for Severe Illness](#)

[CDC - Preparing for COVID-19 in Nursing Homes](#)

[CDC - COVID-19 Stakeholder Calls](#)

Coding Resources

The links below offer additional ICD-10 CM coding guidance:

The ICD-10-CM Official Coding Guideline – Supplement is at <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

[CPT Announces New Coronavirus \(COVID-19\) Code & Description for Testing](#)

State of Wisconsin Resources

[Wisconsin Department of Health](#)

[Wisconsin Department of Transportation](#)

Other Resources

[Aspirus Coronavirus Resource Center](#)

[Federal Register, Additional Policy and Regulatory Revisions in Response to COVID-19 and Delay of Certain Reporting Requirements for Skilled Nursing Facility Quality Reporting Program](#)

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