

INDIANA Provider Communications

Information from Anthem for Care Providers About COVID-19

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Anthem Blue Cross and Blue Shield (Anthem) is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Anthem has developed the following frequently asked questions:

What is Anthem doing to prepare?

Our clinical team is actively monitoring external queries and reports from the CDC to help us determine what actions are necessary on our part to further support our stakeholders.

Anthem has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

How is Anthem monitoring COVID-19?

Anthem's enterprise wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and Anthem's Virtual Command Center for Emergency Management command, control and communication.

In addition, Anthem has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

Does Anthem have recommendations for reporting, testing and specimen collection? The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC:

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

How should a provider code a claim for a patient they believe has COVID-19?

As of March 6, 2020, the CDC recommends the following related to COVID-19 diagnostic test billing: https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Will Anthem cover the cost related to COVID-19 testing and care?

Anthem will cover reasonable member health care costs related to COVID-19. Anthem recently announced its efforts to eliminate the burden of additional costs for members in its affiliated health plans by providing coverage of the coronavirus screening test at no out-of-pocket-cost.

Will Anthem cover the out-of-pocket costs related to the COVID-19 test?

Out-of-pocket expenses for the focused test used to diagnose COVID-19 will be waived for those members who have fully insured, individual, Medicare and Medicaid plans. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Members will pay any other out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation.

Does Anthem require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Anthem is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Anthem's telehealth provider, LiveHealth Online, is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

URL: https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19

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