

Last Updated: 10/07/2020

VIVA HEALTH thanks you for the care you are providing our members during the COVID-19 public health emergency. A multi-disciplinary team at VIVA HEALTH continues to meet on a regular basis to respond to changing events. We continue to monitor recommendations from the **Centers for Disease Control and Prevention (CDC)**, **World Health Organization (WHO)**, the **Alabama Department of Public Health (ADPH)**, and other official sources.

COVID-19 Laboratory Diagnostic Testing

- VIVA HEALTH will pay 100% coverage of federally or state-approved lab testing (**CPT 87635**) for the coronavirus on all plans when medically appropriate. This includes CDC testing (**HCPCS U0001**) and non-CDC testing (**HCPCS U0002**). **Note:** The AMA CPT Editorial Panel approved the new, specific CPT code 87635.
- VIVA HEALTH will cover these costs in full without member cost sharing, including the related office, urgent care center or emergency department visit.
- For members on closed network plans, we will cover these costs fully at in-network providers and with out-of-network VIVA HEALTH providers if a member has trouble accessing medically necessary services in-network.

COVID-19 Treatment (Confirmed Positive Diagnosis)

- For March 1-March 31 2020, VIVA HEALTH will affirm a positive diagnosis by the presence of ICD-10 code B97.29, used as either the primary diagnosis or as the secondary diagnosis appended to a respiratory illness. Effective April 1, 2020, VIVA HEALTH will affirm a positive diagnosis when ICD-10 code U07.1 is used as the primary diagnosis.
- If a member requires hospitalization for the treatment of COVID-19, inpatient hospital treatment will be covered at 100% on all VIVA HEALTH fully-insured and VIVA MEDICARE plans through December 31. Employers with self-funded plans administered by VIVA HEALTH may still apply cost-sharing to hospital admissions

Telehealth/telemedicine

The following allowances are intended to facilitate social distancing and allow members to receive care without leaving their homes, when appropriate. This policy applies to all diagnoses and is not restricted to a COVID-19 diagnosis.

- VIVA HEALTH will compensate providers at 100% of the in-office rate as specified in their provider agreements.
- VIVA HEALTH contracted providers can provide telemedicine services to our members (medical and behavioral health). This can also include telephone consultation.

Commercial:

- For all commercial plans, telehealth is covered at 100% for COVID related visits.
- For UAB health plans, applicable telehealth plan cost-sharing will apply for all non-COVID visits effective April 13.
- For all other commercial plans, applicable telehealth plan cost-sharing will apply for all non-COVID visits effective October 1.

Medicare:

- VIVA MEDICARE will continue to waive telehealth cost sharing for primary care, specialist and behavioral health services for telehealth for Medicare members through December 31.

Documentation requirements for a telehealth service are the same as those required for any face-to-face encounter, with the addition of the following:

- A statement that the service was provided using telemedicine or telephone consult;
- The location of the patient; and
- The location of the provider.

Telehealth Billing Guidelines

- For Medicare members, non-behavioral health providers must submit claims with POS 11 and a 95 modifier, along with the appropriate E & M code or CPT code.
 - For medicare approved Telehealth billing codes, [click here](#).
- For commercial members, non-behavioral health providers must submit claims with POS 02 for new and established patients, along with the appropriate E & M code or CPT code.
 - For approved commercial Telehealth billing codes, [click here](#).

Pharmacy

VIVA MEDICARE members with a plan that includes prescription drug coverage are able to get early refills of their maintenance medications. Please help them facilitate this. If they need prescriptions delivered to their homes and are on VIVA MEDICARE, these can be secured through CVS Caremark.

Authorization Flexibility

As of May 1, 2020 with the return of elective procedures, VIVA HEALTH will resume requiring prior authorization for the transfer of members from acute inpatient hospitals to in-network LTACHs, SNFs, home health programs, and acute rehab centers. Prior authorization for these services had previously been waived through April 30, 2020. VIVA HEALTH continues to require authorization for all services that currently and formerly required prior authorization and pre-certification.

Timing

The policies described above will be revisited on a continuing basis. Please continue to check this website often. VIVA HEALTH provider representatives and C4Q nurses are available for questions and assistance. Thank you so much for your partnership with VIVA HEALTH. You are important to us, and we appreciate the work you are doing!

Where can I find more information?

[Centers for Disease Control and Prevention \(CDC\)](#)

[World Health Organization \(WHO\)](#)

[Alabama Department of Public Health \(ADPH\)](#)

If you are caring for a VIVA HEALTH or VIVA MEDICARE member who is experiencing anxiety or stress, you can refer them to our V-Care program at 1-855-698-2273, 8 a.m. – 5 p.m., Monday - Friday. VIVA HEALTH has nurses and social workers who can assist members with behavioral health issues.