

COVID-19: Temporary Provisions

Summary of Dates by Program

Effective July 19, 2021

The following document is intended to be a quick reference guide for the beginning and end dates of temporary program, process or procedure changes that UnitedHealthcare Insurance Company has implemented as a result of COVID-19.

Current Cost-Share Waivers: Testing

Program or Benefit Scenario	Date Details	Additional Details
COVID-19 Diagnostic Testing	From February 4, 2020, through October 17, 2021, cost share (copay, coinsurance, and deductible) will be waived for in-network and out-of-network tests.	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company is covering medically appropriate COVID-19 diagnostic testing during the national public health emergency period (currently schedule to end October 17, 2021) at no cost share when ordered or reviewed by a physician or appropriately licensed health care professional to either 1.) diagnose if the virus is present due to symptoms or potential exposure, or 2.) help in the treatment of the virus for a person. •UnitedHealthcare Insurance Company is covering testing for employment, education, public health, or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan; health benefit plans generally do not cover testing for surveillance or public health purposes.
COVID-19 Antibody Testing	From April 10, 2020, through October 17, 2021, cost share will be waived for in-network and out-of-network tests.	COVID-19 antibody testing must be an FDA-authorized COVID-19 antibody test ordered by a physician or appropriately licensed health care professional.
COVID-19 Testing-Related Visits	From February 4, 2020, through October 17, 2021, cost share will be waived for in-network and out-of-network testing-related visits.	Services can be in person or via telehealth.

Current Cost-Share Waivers: Testing (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Over-the-counter (OTC) COVID-19 tests	From February 4, 2020, through October 17, 2021, cost share (copay, coinsurance, and deductible) will be waived for in-network and out-of-network tests when medically appropriate as ordered or reviewed by a physician or appropriately licensed health care professional.	<ul style="list-style-type: none">• COVID-19 tests purchased OTC without a prescription or health care professional's involvement, such as those bought at a pharmacy or online, and processed without a lab or health care professional's involvement, are not covered by the member's benefits plan.• Members will be responsible for the cost of OTC tests and may use their health savings account (HSA), flexible spending account (FSA), or health reimbursement account (HRA).• If you provide a prescription for an over-the-counter COVID-19 test as part of clinical care, the member may submit a claim for reimbursement with both the prescription and detailed receipt.

Current Cost-Share Waivers: Treatment

Program or Benefit Scenario	Date Details	Additional Details
COVID-19 Treatment	No cost share waivers are currently in effect. Coverage and cost sharing (copay, coinsurance, and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan.	N/A
Monoclonal Antibody Treatment	<ul style="list-style-type: none"> •The investigational monoclonal antibody treatment will be considered a covered benefit during the national public health emergency period, currently set to end October 19, 2021. Patients should meet the emergency use authorization (EUA) criteria for FDA-authorized monoclonal antibody treatment in an outpatient setting. •As of April 1, 2021, no cost share waivers for the administration (intravenous infusion) of monoclonal antibody treatments are in effect. Coverage and cost sharing both in-network and out-of-network are adjudicated according to a member's benefit plan. 	<p>FDA-Authorized Treatments:</p> <ul style="list-style-type: none"> •Bamlanivimab: -HCPCS code: Q0239 -Administration code: M0239 •Casirivimab + Imdevimab : -HCPCS code : Q0243 -Administration code : M0243

Current Cost-Share Waivers: Transportation

Program or Benefit Scenario	Date Details	Additional Details
Transportation	No cost share waivers are currently in effect. Coverage and cost sharing (copay, coinsurance, and deductible) are adjudicated in accordance with the member's health plan.	N/A

Current Cost-Share Waivers: COVID-19 Telehealth

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Telehealth • Virtual Check-Ins • Electronic Visits (e-visits) • Physical Therapy • Occupational Therapy • Speech Therapy • Chiropractic Therapy • Home Health and Hospice • Remote Patient Monitoring • Behavioral • Dental • Vision • Hearing 	<p><u>COVID-19 Testing</u> From February 4, 2020 through October 17, 2021, cost sharing (copay, coinsurance or deductible will be waived for in-network and out-of-network testing-related telehealth visits.</p> <p><u>COVID-19 Treatment</u></p> <ul style="list-style-type: none"> • In network: No cost share waivers are currently in effect. Effective January 1, 2021, most benefit plans include telehealth services with in-network providers. Members will be responsible for any copay, coinsurance, deductible, or out-of-network costs according to their benefit plan. • Out-of-network: No cost share waivers are currently in effect. Coverage and cost sharing are adjudicated according to a member's health plan. 	<p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p>

Current Cost-Share Waivers: Non-COVID-19 Telehealth

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Telehealth • Virtual Check-Ins • Electronic Visits (e-visits) • Physical Therapy • Occupational Therapy • Speech Therapy • Chiropractic Therapy • Home Health and Hospice • Remote Patient Monitoring • Behavioral • Dental • Vision • Hearing 	<p>No cost share waivers are currently in effect. Members are responsible for any copay, coinsurance, deductible, or out-of-network costs according to their benefit plan. Coverage and cost sharing are adjudicated in accordance with the member's benefit plan.</p>	N/A

Current Telehealth Expansion & Coverage

Program or Benefit Scenario	Date Details	Additional Details
Behavioral	Optum has extended the expansion of telehealth access. This exception is effective through September 30, 2021, for in-network providers. For out-of-network providers, this exception was applicable through July 24, 2020. After these dates, telehealth is covered according to the member's benefit plan and Optum's standard telehealth/telemedicine reimbursement policy.	Optum has temporarily expanded its provisions around telehealth services to make it easier for members to connect with their behavioral health provider during the COVID-19 public health emergency.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Telehealth • Medical • Physical Therapy • Occupational Therapy • Speech Therapy 	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> • In-network testing and treatment: As of January 1, 2021, in-network telehealth services and additional codes will be reimbursed as outlined in our telehealth reimbursement policy. • Out-of-network COVID-19 testing: The expansion of telehealth access for <u>COVID-19 testing</u> will extend through the national public health emergency period (currently scheduled to end October 17, 2021). • Out-of-network COVID-19 treatment: As of October 23, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> • In-network: As of January 1, 2021, in-network telehealth services will be covered in accordance with the member's benefit plan and our telehealth reimbursement policy. During the national public health emergency period, currently set to end on October 17, 2021, additional codes may apply. • Out-of-network: As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. 	<p>The temporary policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio-only visits.</p>

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Virtual Check-ins	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> •In-network testing and treatment: As of January 1, 2021, in-network telehealth services will be reimbursed as outlined in our telehealth reimbursement policy. •Out-of-network COVID-19 testing: The expansion of telehealth access for <u>COVID-19 testing</u> will extend through October 17, 2021. •Out-of-network COVID-19 treatment: As of October 23, 2020, out-of-network telehealth services are covered according to the member's benefit plan and a UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> •In-network: As of January 1, 2021, in-network telehealth services will be reimbursed as outlined in our telehealth reimbursement policy. •Out-of-network: As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. 	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company will reimburse providers when they have a brief communication using a technology- based service with a member, using HCPCS codes G2010 or G2012. •Beginning January 1, 2021, HCPCS codes G2250, G2251 and G2252 will be available codes.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Chiropractic Therapy	No telehealth expansion provisions are currently in effect. Telehealth services for chiropractic therapy will be reimbursed according to the member's benefit plan.	N/A
Remote Patient Monitoring	No telehealth expansion provisions are currently in effect. Remote patient monitoring will be reimbursed according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy.	UnitedHealthcare Insurance Company considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement.
Electronic Visits (e-visits)	E-visits will be covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy.	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company will reimburse providers when members communicate with their doctors using online patient portals, using CPT codes 99421-99423 and 98970-98972. •For these e-visits, the member must generate the initial inquiry, and communications can occur over a seven-day period.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Home Health	<p><u>COVID-19 and Non-COVID-19 In-Network Testing and Treatment</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions for in-network COVID-19 services are currently in effect. • As of January 1, 2021, in-network telehealth services and additional codes as outlined in our telehealth reimbursement policy will be reimbursed. <p><u>COVID-19 Out-of-Network COVID-19 Testing</u></p> <ul style="list-style-type: none"> • For out-of-network providers, the expansion of telehealth access for <u>COVID-19 testing</u> will extend through October 17, 2021. Services must be performed using live, interactive audio-video while the patient is at home. <p><u>Out-of-Network COVID-19 Treatment</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions for out-of-network COVID-19 treatment are currently in effect. Telehealth services for out-of-network home health therapy will be reimbursed according to the member's benefit plan. 	N/A

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Dental • Vision • Hearing 	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> • In-network testing and treatment: Beginning January 1, 2021 through the national public health emergency period (currently scheduled to end October 17, 2021), in-network telehealth services (including originating site requirements) will be reimbursed in accordance with the member's benefit plan. • Out-of-network COVID-19 testing: For out-of-network providers, the expansion of telehealth access for <u>COVID-19 testing</u> will extend through October 17, 2021. • Out-of-network COVID-19 treatment: No telehealth expansion provisions are currently in effect. Out-of-network telehealth services will be reimbursed according to the member's benefit plan. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions are currently in effect. Non-COVID-19 telehealth services will be reimbursed according to the member's benefit plan, whether that treatment is provided by and in- or out-of-network provider. 	N/A

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Hospice	No telehealth expansion provisions are currently in effect. Telehealth services for hospice will be reimbursed according to the member's benefit plan.	UnitedHealthcare Insurance Company will reimburse services provided by hospice agencies for routine home care when rendered using interactive audio-video technology.

Current Timely Filing & Prescription Refills

Program or Benefit Scenario	Date Details	Additional Details
Timely Filing Extensions	UnitedHealthcare Insurance Company is pausing the timely filing requirements time clock for claims that would have exceeded the filing limitation during the national emergency period that began on March 1, 2020.	<ul style="list-style-type: none">•Timely filing requirements have been extended an additional 60 days following the last day of the national emergency period, currently scheduled to end July 19, 2021.•Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period

Current Referrals

Program or Benefit Scenario	Date Details	Additional Details
Referrals	n/a	Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements continue to apply.

Current Prior Authorization Provisions

Program or Benefit Scenario	Date Details	Additional Details
Diagnostic Radiology for COVID-19 Testing and Testing-Related Services (Diagnostic Imaging)	Prior authorization is not required through October 17, 2021.	Providers are asked to submit a notification for CPT codes 71250, 71260, 71720 for members with a COVID-19 diagnosis or suspected diagnosis.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	Normal prior authorization requirements are in effect. Any temporary changes to these requirements that are put into place will be communicated directly to the impacted geographies and/or facilities.	N/A
Embryo Cryopreservation (for plans with infertility benefits)	Normal prior authorization requirements are in effect. Any temporary changes to these requirements that are put into place will be communicated directly to the impacted geographies and/or facilities.	N/A
Medical, Behavioral Health and Dental Services – Extensions of Existing Prior Authorizations	Normal prior authorization requirements are in effect. Any temporary changes to these requirements that are put into place will be communicated directly to the impacted geographies and/or facilities.	N/A
Post-Acute Care Admission, Site of Service Reviews, and Transfers to a New Provider	Normal prior authorization requirements are in effect. Any temporary changes to these requirements that are put into place will be communicated directly to the impacted geographies and/or facilities.	N/A

Appendix: Previous Temporary Provisions

The following pages outline temporary program provisions and/or suspensions that were implemented in response to COVID-19.

All of these provisions and suspensions are no longer in effect—the information is included here simply for your reference.

Expired Cost-Share Waivers: Treatment

Program or Benefit Scenario	Date Details	Additional Details
COVID-19 Treatment	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • From February 4, 2020 through October 22, 2020, cost sharing (copay, coinsurance or deductible) was waived for in-network and out-of-network visits. • From October 23, 2020 through December 31, 2020, cost sharing was waived for in-network services for inpatient and outpatient COVID-19 treatment. • From January 1, 2021 through January 31, 2021, cost sharing was waived for COVID-19 inpatient treatment at in-network facilities. For in-patient admissions that begin before January 31, 2021, cost sharing is waived until the patient is discharged. • Beginning February 1, 2021, cost sharing will be adjudicated in accordance with the member's benefit plan. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • From February 4, 2020 through October 22, 2020, cost sharing was waived for in-network and out-of-network visits. • As of October 23, 2020, out-of-network coverage is determined by the member's benefit plan. Implementation for self-funded customers may have varied. 	<ul style="list-style-type: none"> • Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code. • Applies to observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care and skilled nursing facilities. • This applies to remdesivir and convalescent plasma administered consistent with FDA authorizations for emergency use. See below for additional details on monoclonal antibody treatment.

Expired Cost-Share Waivers: Treatment (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Monoclonal Antibody Treatment	Cost sharing (copay, coinsurance, or deductible) for the administration (intravenous infusion) of monoclonal antibodies for in-network providers in outpatient settings was waived from November 24, 2020 through March 31, 2021.	FDA-authorized treatments: Bamlanivimab: -HCPCS code: Q0239 -Administration code: M0239 Casirivimab + Imdevimab: -HCPCS code: Q0243 -Administration code : M0243

Expired Cost-Share Waivers: Transportation

Program or Benefit Scenario	Date Details	Additional Details
Transportation	<p>From February 4, 2020, through December 31, 2020, cost share was waived for:</p> <ul style="list-style-type: none"> • Emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related services • Ground transportation from facility to facility (acute to acute or acute to post-acute) for patients with a positive COVID-19 diagnosis <p>•From January 1, 2021, through January 31, 2021, cost share was waived for emergency ground transportation that resulted in an inpatient admission for COVID-19 treatment at an in-network facility.</p>	n/a

Resources

- For the most recent updates on COVID-19, visit the [Centers for Disease Control and Prevention](#) or [World Health Organization](#).