



March 23, 2020

Dear physician or healthcare professional:

Those of you at the forefront of care delivery are bravely going to work each day, taking precautions you must take, and helping people who are sick and scared, many of them our members. We are grateful for your efforts. We are continuing our work to educate our members on prevention, ensure our members have quick access to care and support our healthcare providers as we face the COVID-19 pandemic together.

We have received many questions from providers since our COVID-19 communication dated March 16. We are including a separate communication on our updated telehealth policies. Our intent is to communicate frequently about what we know at the time, and quickly update as additional information emerges. Please remember to regularly check the CarePlus webpage, www.careplushealthplans.com/careplus-providers/coronavirus, for new information.

BENEFIT AND NETWORK UPDATES FOR CAREPLUS MEMBERS

1. Member cost-share waiver on COVID-19 related testing has been expanded.

We have expanded our member cost-share waivers for COVID-19-related testing, which includes both the COVID-19 test and viral panels that rule out COVID-19; cost-share waivers now apply to laboratory testing, specimen collection and certain related services that result in the ordering or administration of the test, including, physician office or emergency department visits. This change will apply on a retroactive basis to apply to services delivered on or after February 4, 2020.

2. LabCorp does not collect samples directly from patients.

To clarify our previous message regarding COVID-19 testing at LabCorp, please refer specimens to these labs and do not send patients directly to their patient service centers. LabCorp does not collect COVID-19 samples.

3. Preauthorization requirements have been removed in many cases:

- a. These requirements are waived for CarePlus members with COVID-19-related diagnosis code(s), except for post-acute levels of care. For acute inpatient services, we recommend notification, as this will facilitate discharge planning. This includes participating and nonparticipating providers.
- b. Prior-authorization requirements for Medicare Part D have not changed at this time.

4. Members may have several options for prescription delivery.

- Members may be able to have their prescriptions delivered. Check with CVS, Walgreens and other local pharmacies to see if they offer local prescription delivery to support patients in social isolation.
- As an alternative, Providers can support the movement of member prescriptions to CarePlus' preferred mail order pharmacy by sending orders to PrescribeIT RX Mail Order by e-prescribe to PrescribeIT Rx Miramar (NCPDP# 1099731), calling 1-800-526-1490 or via fax to 1-800-526-1491. Please visit <https://www.prescribeitrx.com/providers/> for prescribing information. PrescribeIT hours of operation are Monday through Friday from 8 a.m. to 6 p.m., Eastern time. Please keep in mind that first-time setup takes approximately five days for processing and delivery after prescription orders are received.

SERVING PROVIDERS

CarePlus has moved the majority of its workforce to work-at-home to manage continuity of service.

Claims processing and payment:

While we have made changes to benefits to increase access to care and reduce member out-of-pocket costs related to COVID-19, our processes for claims processing and payment will continue to run as usual.

**Call centers:**

Our call centers are fully functioning during normal business hours. We encourage providers to leverage self-service tools when possible through CarePlus' [Provider Website](#) or www.availity.com.

Credentialing:

The CarePlus credentialing team is applying any federal or state emergency regulations for COVID-19, including such items as:

- Waiving site visit requirements
- Approving licensed providers to practice outside of their licensed state
- Placing a hold on the decredentialing process (only for providers missing information)

These are temporary credentialing changes based on the emergency regulations. The normal procedures will apply when the emergency regulations are lifted.

DIAGNOSIS CODES

When submitting COVID-19-related claims for your CarePlus-covered patients, follow the appropriate Centers for Disease Control and Prevention (CDC) guidance on diagnosis coding for the date of service. The CDC interim coding guidance is still in effect, and note that multiple codes are required:

- [ICD-10-CM Official Coding Guidelines - Supplement: Coding encounters related to COVID-19 Coronavirus Outbreak](#)

The effective date of the new diagnosis code has been moved to April 1, 2020.

- [New ICD-10-CM code for the 2019 Novel Coronavirus \(COVID-19\), April 1, 2020](#)

LABORATORY TESTING

When possible, please refer your CarePlus-covered patients to an in-network laboratory if they need COVID-19 testing. Lab providers should use the newly created HCPCS codes when billing for COVID-19 testing. CMS created the following HCPCS codes for testing performed on or after Feb. 4, 2020:

- HCPCS U0001: This code is used for the laboratory test developed by the CDC.
- HCPCS U0002: This code is used for the laboratory test developed by entities other than the CDC.

When testing patients for other viral respiratory conditions to rule out COVID-19, select the most appropriate code for the test performed. The appropriate COVID-19-related ICD-10 code must also be reported on the claim.

If there are additional ways we can support you and your healthcare organization, please call our Provider Operations inquiry line at 1-866-220-5448, Monday through Friday from 8:00 a.m. to 5:00 p.m. (Eastern Time) or contact your designated CarePlus Provider Services Executive.

We're committed to working closely with you and appreciate the care you provide to your CarePlus-covered patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Madeleine Rodriguez-Alonso".

Madeleine Rodriguez-Alonso, MD
Regional VP, Health Services
Chief Medical Officer