Daily Priority Health updates on COVID-19 can be found at:

https://www.priorityhealth.com/landing/about-covid-19/providers

COVID-19 information for Priority Health providers

We're actively working to monitor the new Coronavirus disease—COVID-19—and its impacts to make sure we provide our members the care they need when they need it while supporting our providers.

Rest assured that we have business continuity plans in place. We'll continue to serve you and your patients online and over the phone.

Check back often as this is a rapidly evolving situation. We're making frequent updates as new information becomes available.

New! Use CR modifier for claims related to diagnosing COVID-19

Provider offices, urgent care and emergency rooms should bill us using a CR modifier anytime the visit resulted in a COVID-19 test being ordered.

If you have claims that resulted in the ordering of a COVID-19 test, you should rebill claims using a CR modifier dating back to February 4, 2020. Using this modifier will ensure your patients have a $0 cost share for any visit and services related to the diagnostic testing and administration of the test.

This modifier should not be added to services billed for treatment of COVID-19.

Coverage for our members

We'll cover the cost of medically necessary COVID-19 tests waiving copays and deductibles for all members, including those with health savings account (HSA) and self-funded plans. Other services related to diagnostic testing and the administration of the test such as office visits, blood draws, or specimen handling are also covered 100%, with no member cost sharing applied. The effective date of coverage will be retroactive to Feb. 4, 2020.

Our member's plan benefits apply for any care received while in treatment for COVID-19. Learn more or share cost information with your patients using our COVID-19 FAQ page.

Virtual visits billing and coverage

At Priority Health, we have long supported telemedicine, including phone visits and virtual care through HIPAA compliant tools.

- Contracted primary care and specialty physicians can provide covered telehealth services immediately via appropriate use of 99441, 99442 and 99443 codes with Place of Service 02 codes.

- Most contracted non-physician providers can provide covered telehealth services today via appropriate use of G2061, G2062, and G2063 codes.

- Providers properly credentialed with us can provide telehealth services to members regardless of the member's physical location within Michigan. Currently, the State of Michigan has not yet signed the 1135 Waiver to allow non-Michigan licensed providers to provide services to Michigan members.

What does this mean? Any credentialed practitioner can conduct a telemedicine visit and bill with a Place of Service 02 code, which identifies the visit as being virtual. We'll pay at the facility rate listed in our fee schedule. Your patients may have costs if the codes billed are not listed in our telemedicine policy.

See our telemedicine policy for more information and learn more about billable codes on our virtual visits billing page.

Member coverage and costs: We're covering the cost of virtual care for all members and starting Mar. 19, 2020 will temporarily waive costs before deductible for health savings account (HSA) plan members before deductible, through Apr. 30, 2020. Self-funded employers are included, unless they contact Priority Health to make other arrangements. This does not include behavioral health visits or out-of-state visits.

Billing for COVID-19 lab tests

The Centers for Medicare and Medicaid Services (CMS) released two codes for COVID-19 lab tests that can be used starting Apr. 1, 2020 for dates of services starting Feb. 4, 2020. Labs can use HCPCS code U0001 when using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel. Labs and health care facilities using other techniques for testing can bill U0002. For more information, see the CMS FAQ.

The American Medical Association has also released a CPT code: 87635. This code is effective immediately to report lab testing services that diagnose the presence of the novel coronavirus. See the AMA's website for more information.

Our commercial, Medicare and Medicaid fee schedules are updated to reflect the HCPCS codes. Our Medicaid fee schedules reflects code 87635, and we'll update commercial and Medicare fee schedules with that code once pricing is available. Reimbursement rates are:

	Medicare	Commercial	Medicaid
U0001	$35.92	See our fee schedule	$29.74
U0002	$51.31	See our fee schedule	$42.48
87635	-	-	$42.48

Priority Health COVID-19 Daily Updates
Provided by: Kim Harrison
As of: 3/24/2020

The Michigan Department of Health and Human Services (MDHHS) advises you complete the
[Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form](#) if a patient tests positive for COVID-19.

New ICD-10 code available April 1

Starting April 1, add ICD-10 code U07.1 COVID19 when your patients have a diagnosis of COVID-19. Until April 1, you should continue to follow the CDC's recommendation for coding.

Note that diagnosis code B34.2, Coronavirus infection, unspecified, would in generally not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."

Frequently asked questions

Q: Will Priority Health waive CMS's three-day hospitalization requirement prior to approving a transfer to skilled nursing?

Priority Health has never required a three-day inpatient stay before transferring patients to post-acute care. You can transfer your patients to post-acute care when appropriate. Remember that we require prior authorization for post-acute admissions.

Q: I want to provide telehealth. What requirements do I need to meet?

At Priority Health, we have long supported telemedicine, including phone visits and virtual care through HIPAA compliant tools. See our [telemedicine policy](#) for more information.

Contracted primary care and specialty physicians can provide covered telehealth services immediately via appropriate use of 99441, 99442 and 99443 codes with Place of Service 02 codes.

Q: Who can provide virtual visits?

 Most contracted non-physician providers can provide covered telehealth services today via appropriate use of G2061, G2062, and G2063 codes.

Providers properly credentialed with us can provide telehealth services to members regardless of the member's physical location within Michigan. Currently, the State of Michigan has not yet signed the 1135 Waiver to allow non-Michigan licensed providers to provide services to Michigan members.

Certain telehealth codes can only be billed by physicians, while other codes can be billed by physicians or qualified health professionals (QHPs). QHPs are credentialed by Priority Health. They include RNs, certified NPs, PA-Cs, licensed masters social workers (LMSWs), psychologists (LLPs and PhDs), certified diabetes educators (CDEs), registered dietitians and Masters'- trained nutritionists, clinical pharmacists and respiratory therapists. Learn more about billable codes on our virtual visits billing page.

Q: How do I bill for virtual visits?

 Learn more about billable codes for telemedicine and virtual care: telephone visits, e-visits and hosted visits.

Q: Can my practice use Skype, Facetime or other services to offer virtual care?

 Our telemedicine policy requires that consultation takes place via a secure, HIPAA compliant system. Tools like Skype and Facetime do not meet that requirement.

Q: Does Priority Health require prior authorization for COVID-19 testing?

No, we do not require prior authorization. Patients must work with their health care provider to get tested and cannot get testing without a provider's order for the testing.

Q: If I cancel elective surgeries, can I send my patients to out-of-network providers and facilities?

CMS and the U.S. Surgeon General have both recommended that hospitals cancel elective procedures to ensure capacity for patients with COVID-19. We will not be authorizing out-of-network, non-emergent care for our members if their elective care is delayed

Understanding the impact to risk-based contracts and pay-for-performance programs

We'll be monitoring the impact to your risk-based contracts and our pay-for-performance programs. We're committed to keeping you informed and working with you through this evolving situation.

Q: Will Priority Health provide advanced payments for our 2019 PCP Incentive Program (PIP) settlement?

No. We are on track to deliver on-time payments on Apr. 15, 2020 for our 2019 program year.

Q: Can our providers serve patients in different locations and still bill under the same tax ID?

Yes. Participating providers can treat our members at different locations and still bill under the same tax ID. You will be reimbursed at your current rates. Your patient may have different out-of-pocket costs depending on their benefits. Providers should not change their set up to accommodate seeing patients at alternative locations. Claims will pay at the in-network benefit level.