

March 27, 2020

Dear trusted partner,

We appreciate your ongoing efforts to fight the spread of COVID-19 and we are committed to working closely with you during this time. Although things are rapidly changing, we want to keep you up to date on the status of our member outreach, our benefit coverage, and impacted claim submission.

Benefit coverage changes

To increase access to diagnostics and fight the spread of illness, we have updated our coverage policy. These updates include services obtained beginning the earlier of regulatory requirements or 3/1/2020 and remain in effect until further notice.

- COVID-19 diagnostic test is covered as preventive care, at no cost to members
 - 100% coverage with no member cost-sharing
 - No prior authorization required
 - Testing is covered regardless of network
 - Mail-order and over-the-counter tests do not qualify for reimbursement
- Early medication refill authorization for members who are impacted by the outbreak
- Non-emergency transportation will be made available to all members; ride limits for non-emergency transportation are waived
- 100% coverage for all telehealth costs incurred in connection with COVID-19 testing and diagnostics

We do not require any preauthorization for COVID-19 screen or treatment.

Claim submission

We are operationally preparing for these new policies. We will administer payment according to these new policies 4/1/2020, retroactive to 2/4/2020.

While we are confident in our operations, please be assured that we will make things right if the payment you receive is not consistent with our new policies.

Claim submission coding

Please refer to [page 2](#) of this document for a complete list of all the codes we are using to process E&M and telehealth claims.

In order to process E&M and telehealth claims, we are using the following codes:

- Suspected COVID-19: one code from group A and one code from group B
 - Group A: J12.89, J20.8, J22, J40, J80, J98.8, R05, R06.02, R50.9
 - Group B: Z03.818, Z20.828
- Lab: We are using HCPCS codes U0001 and U0002, and CPT 87635 in processing laboratory claims

Telehealth claims

- Bright Health is not currently requiring the utilization of particular telecommunication technology or site of service requirements
- We will provide maximum flexibility for telehealth services
- Bill the appropriate CPT code with a POS code of **02**
- Normal member benefit and cost sharing apply to services unrelated to COVID-19
- Bright Health is following the **new** Medicare telehealth standards, as outlined in the Coronavirus Preparedness Response and Supplemental Appropriations Act
- We continue to follow state and federal regulations and will update you as those regulations evolve

Note: We are NOT requiring video for telehealth claims.

If you have questions about what services are covered for your patients, please visit BrightHealthPlan.com/provider and select your network to find the Provider Service phone number for your area.

Our member communications

- We have informed our members that we are waiving cost-sharing for the services noted above
- We have provided a list of resources, including the CDC, local and state health departments, and any applicable resources on your website
- If a member is concerned that they have contracted COVID-19, we instruct them to contact their doctor, an urgent care facility, or an ER department via phone **before going in**

We will continue to keep you updated on our member communications. You can visit the Bright Health [blog](#) to see what we're sharing with our members.

Thank you for your partnership during this time.

Sincerely,
Your Bright Health Team

Bright Health COVID-19 claim submission codes

	CPT codes
Virtual check-in	G2012 - BRIEF CHECK-IN
Remote evaluation	G2010 - REMOTE EVAL
Online Assessment	G2061 - ONLINE ASSMNT 5-10 MIN. G2062 - ONLINE ASSMNT 11-20 MIN. G2063 - ONLINE ASSMNT 21+ MIN.

	CPT codes
Evaluation and management	99201 - E&M NEW PT. 10 MIN.
	99202 - E&M NEW PT. 20 MIN.
	99203 - E&M NEW PT. 30 MIN.
	99204 - E&M NEW PT. 45 MIN.
	99205 - E&M NEW PT. 60 MIN.
	99211 - E&M EST PT. 5 MIN.
	99212 - E&M EST PT. 10 MIN.
	99213 - E&M EST PT. 15 MIN.
	99214 - E&M EST PT. 25 MIN.
	99215 - E&M EST PT. 40 MIN.

Note: At this time, testing is not a point-of-care service.

Any claims billed with a combination of Group A and Group B from the list on page 1 will have all cost shares waived. All other claims will follow the plan benefits and membership cost shares.

Bright Health will continue to follow CDC, CMS, and NIH coding and diagnosis guidelines. We will make every attempt to respond to changes as timely and as seamlessly as possible, for both members and providers.

Bright Health will be paying CMS Medicare rates plus provider contract.