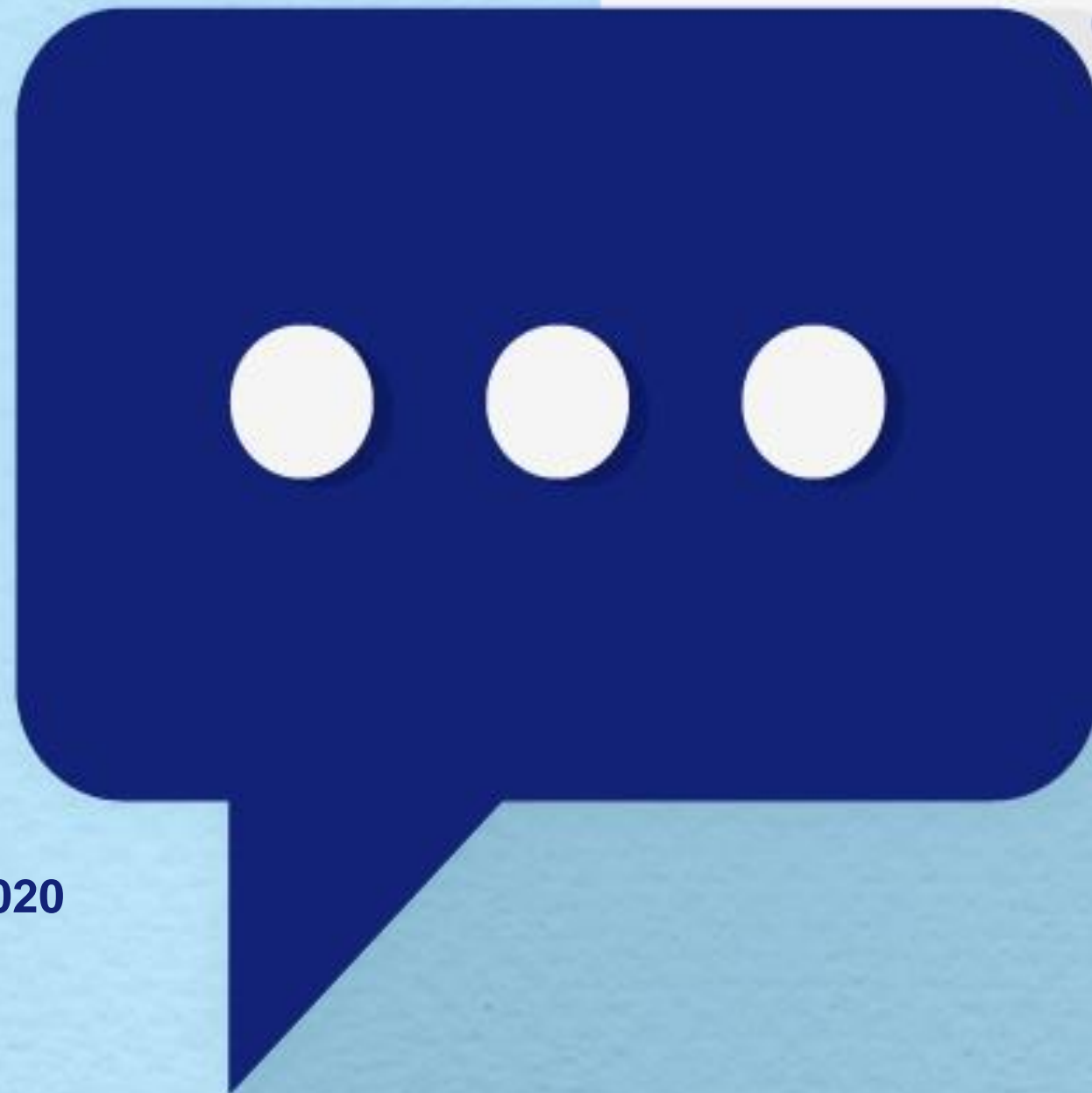


COVID-19



Summary of COVID-19 Dates by Program



Information current as of July 1, 2020

COVID-19



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 has implemented as a result of COVID-19. Full details of these changes can be found at UHCprovider.com/COVID19.

Please note: Where outlined, changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary.

State variations and regulations may apply during this time.

Medical management requirements may also apply, according to the member's benefit plan.



Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state UnitedHealthcare Community Plan website. For more details, see UHCprovider.com/covid19.

Prior Authorization



Program or Benefit Scenario	Health Plan*	Date Details	Additional Details
Diagnostic radiology (diagnostic imaging)	Medicaid and Individual and Group Market health plans* No notice is necessary for Medicare	Prior authorization is not required through the national public health emergency period, currently scheduled to run through July 24, 2020	<ul style="list-style-type: none"> Providers are asked to submit a notification for CPT® codes 71250, 71260, 71720 for members with a COVID-19 diagnosis or suspected diagnosis. <p><i>* CPT® is a registered trademark of the American Medical Association.</i></p>
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	Medicare Advantage, Medicaid and Individual and Group Market health plan members*	For prior authorizations approved before Oct. 1, 2019, a new authorization is required	<ul style="list-style-type: none"> Providers may complete a face-to-face assessment either through an in-person visit or using telehealth.
		Prior authorizations that were approved on or after Oct. 1, 2019 will be extended through Sept. 30, 2020	<ul style="list-style-type: none"> Normal prior authorization requirements resumed June 1, 2020. For new prior authorizations, providers may complete a face-to-face assessment either through an in-person visit or by telehealth.
		For equipment and supply deliveries from March 31, 2020 through May 31, 2020	<ul style="list-style-type: none"> Changes to notification and delivery requirements for equipment and supplies
Embryo cryopreservation	Individual and Group Market fully insured health plans with infertility benefits*	No prior authorization required for embryo cryopreservation from March 17, 2020 through April 30, 2020	<ul style="list-style-type: none"> Temporary change in embryo cryopreservation coverage for members who started an IVF cycle and were ready for retrieval and embryo transfer, which was interrupted mid-cycle by COVID-19 restrictions.

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Prior Authorization (cont.)



Program or Benefit Scenario	Health Plan*	Date Details	Additional Details
Medical, behavioral health and dental services – extensions of existing prior authorizations	Medicare Advantage, Medicaid and Individual and Group Market health plans*	90-day extension based on original authorization date with an end date or date of service between March 24, 2020 and May 31, 2020 Authorizations on or after April 10, 2020 will not be subject to extension	<ul style="list-style-type: none"> For example: For a prior authorization with an original end date or date of service of April 30, 2020, the prior authorization would now extend through July 29, 2020.
Post-acute care admission	Medicare Advantage, Medicaid and Individual and Group Market health plans*	Prior authorization suspended from March 24, 2020 through May 31, 2020	<ul style="list-style-type: none"> Applies to admissions for long-term acute care facilities, acute inpatient rehabilitation and skilled nursing facilities
Site of service reviews	Medicaid and Individual and Group Market fully insured health plans*	Prior authorization suspended from March 24, 2020 through May 31, 2020	<ul style="list-style-type: none"> Applies to nearly 2,000 surgical codes
Transfers to a new provider	Medicare Advantage, Medicaid and Individual and Group Market health plans*	Prior authorization suspended from March 24, 2020 through May 31, 2020	<ul style="list-style-type: none"> Prior authorization not required when a member moves to a different yet similar site of care for the same service (e.g., hospital transfers or practice transfers)

* State variations and regulations may apply during this time. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state UnitedHealthcare Community Plan website. See UHCprovider.com/covid19 for more details.

Cost Share Waivers – Testing and Treatment (copays, coinsurance and deductibles)



Program or Benefit Scenario	Health Plan	Date Details	Additional Details
COVID-19 Diagnostic Testing	Medicare Advantage, Medicaid and Individual and Group Market health plans*	From March 18, 2020 through the national public health emergency period	<ul style="list-style-type: none"> UnitedHealthcare will cover medically necessary COVID-19 testing at no cost share when ordered by a physician or appropriately licensed health care professional for purposes of diagnosis or treatment of an individual member.
COVID-19 Antibody Testing	Medicare Advantage, Medicaid and Individual and Group Market health plans*	From April 10, 2020 through the national public health emergency period	<ul style="list-style-type: none"> Must be an FDA-authorized COVID-19 antibody test ordered by a physician or appropriately licensed health care professional
COVID-19 Testing-Related Visit	Medicare Advantage, Medicaid and Individual and Group Market health plans*	From March 18, 2020 through the national public health emergency period	<ul style="list-style-type: none"> Visit can be in a health care provider's office, urgent care center, emergency department or through telehealth
COVID-19 Treatment	Medicare Advantage, Medicaid and Individual and Group Market fully insured health plans*, with opt-in available for self-funded employers	From Feb. 4, 2020 through July 24, 2020	<ul style="list-style-type: none"> Treatment must be done under a COVID-19 with an appropriate admission or diagnosis code. Applies to office, urgent care and emergency department visits, observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care and skilled nursing facilities
Transportation	Individual and fully insured Group Market fully insured*	From April 1, 2020 through July 24, 2020	<ul style="list-style-type: none"> For ground emergency and medically necessary non-emergency ambulance transportation for COVID-19-related or suspected COVID-19-related services. Also for ground transportation from facility to facility (acute to acute or acute to post-acute) for patients with a positive COVID-19 diagnosis

* State variations and regulations may apply during this time. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state UnitedHealthcare Community Plan website. See UHCprovider.com/covid19 for more details.

Cost Share Waivers – Telehealth (copays, coinsurance and deductibles)



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market***	Additional Details
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>In Network</u> UnitedHealthcare will extend the cost share waiver for in-network telehealth services through Sept. 30, 2020 for COVID-19 and non-COVID-19 visits.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the cost share waiver for out-of-network telehealth services through July 24, 2020 for COVID-19 and non-COVID-19 visits.</p>	<p>State regulations apply.</p> <p>If no state guidance has been provided, the cost share waiver will end June 18, 2020.</p>	<p><u>In Network</u> UnitedHealthcare will extend the cost share waiver for in-network telehealth services through Sept. 30, 2020 for COVID-19 and non-COVID-19 visits.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the cost share waiver for out-of-network telehealth services through July 24, 2020 for COVID-19 visits.</p> <p>For non-COVID-19 out-of-network telehealth services, cost share waiver does not apply.</p>	<ul style="list-style-type: none"> Benefits will be adjudicated in accordance with the member's health plan, if applicable.

*This date is subject to change based on direction from CMS. Hospice services are not applicable for Medicare Advantage plans. ** Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance has been provided, telehealth expansion ends June 18, 2020. ***State variations and regulations may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Telehealth Expansion



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market Health Plans ***	Additional Details
<p>Telehealth</p> <p>Medical</p> <p>Behavioral</p> <p>Physical Therapy</p> <p>Occupational Therapy</p> <p>Speech Therapy</p>	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p>During this expansion timeframe, we will temporarily reimburse providers for telehealth services at their contracted rate for in-person services.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p> <p>Telehealth (See the Medicare Advantage section)</p>	<p>State regulations apply, please refer to your state-specific website.</p> <p>If no state guidance has been provided, telehealth expansion ended June 18, 2020.</p>	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p>During this expansion timeframe, we will temporarily reimburse providers for telehealth services at their contracted rate for in-person services.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p> <p>Telehealth (See the Individual and Fully Insured Group Market Health Plan section)</p>	<ul style="list-style-type: none"> UnitedHealthcare is waiving the Centers for Medicare & Medicaid Services (CMS) originating site restriction through Sept. 30, 2020. 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.

*This date is subject to change based on direction from CMS. ** Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance has been provided, telehealth expansion ends June 18, 2020. ***State variations and regulations may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Telehealth Expansion (cont.)



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market Health Plans***	Additional Details
<u>Virtual Check-Ins</u>	Covered per Medicare guidelines.	State regulations apply.	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020 for new patients.</p> <p><u>Out of Network</u> As of July 25, 2020, out-of-network virtual check-ins will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	<ul style="list-style-type: none"> UnitedHealthcare will reimburse providers when they have a brief communication using a technology-based service with a member, using HCPCS codes G2010 or G2012.
<u>Electronic Visits (E-visits)</u>	Covered per Medicare guidelines.	State regulations apply.	E-visits will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.	<ul style="list-style-type: none"> UnitedHealthcare will reimburse providers when members communicate with their doctors using online patient portals, using CPT® codes 99421-99423 and HCPCS codes G2061-G2063. For these E-visits, the member must generate the initial inquiry, and communications can occur over a seven-day period.

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Telehealth Expansion (cont.)



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market Health Plans***	Additional Details
Remote Patient Monitoring	Covered per Medicare Guidelines.	State regulations apply.	Remote Patient Monitoring will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.	<ul style="list-style-type: none"> UnitedHealthcare follows CMS guidelines and 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, according to the CMS Physician Fee Schedule.
Chiropractic Therapy	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	State regulations apply.	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	<ul style="list-style-type: none"> UnitedHealthcare will reimburse chiropractic therapy telehealth services provided by qualified health care professionals when rendered using interactive audio-video technology for in-network providers only, when covered according to the member's benefit plan. Chiropractors can use these available codes to bill as part of the temporary expansion of telehealth services.

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Telehealth Expansion (cont.)



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market Health Plans***	Additional Details
<u>Home Health</u>	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	State regulations apply.	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	<ul style="list-style-type: none"> UnitedHealthcare will reimburse services provided by home health agencies when rendered using interactive audio-video technology for in-network providers only.
<u>Hospice</u>	Not Applicable	State regulations apply.	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p> <p>As of July 25, 2020, out-of-network telehealth services will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.</p>	<ul style="list-style-type: none"> UnitedHealthcare will reimburse services provided by hospice agencies for routine home care when rendered using interactive audio-video technology.

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Telehealth Expansion (cont.)



Program or Benefit Scenario	Medicare Advantage*	Medicaid**	Individual and Fully Insured Group Market Health Plans***	Additional Details
<p><u>Dental</u></p> <p>Vision</p> <p>Hearing</p>	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p>	<p>State regulations apply.</p>	<p><u>In Network</u> UnitedHealthcare will extend the expansion of telehealth services for in-network providers through Sept. 30, 2020.</p> <p><u>Out of Network</u> UnitedHealthcare will extend the expansion of telehealth services for out-of-network providers through July 24, 2020.</p>	<p>UnitedHealthcare is waiving the Centers for Medicare & Medicaid Services (CMS) originating site restriction. The policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their provider, dentist, audiologist and fitters through live, interactive audio-video or audio-only visits. The following specialty plans will be covered according to the member's benefit plan</p> <p><u>Dental</u> UnitedHealthcare dental will continue to reimburse providers for the applicable exam codes that coincide with the tele-dentistry codes through Sept. 30, 2020 or the UnitedHealthcare extended emergency period for Medicare and employer groups.</p> <p><u>Vision</u> UnitedHealthcare vision will continue to reimburse providers for the applicable telehealth codes through Sept. 30, 2020 or the UnitedHealthcare extended emergency period for Medicare and employer groups.</p> <p><u>Hearing</u> UnitedHealthcare hearing will continue to include telehealth claims notes on the broader hearing bundled service claims through Sept. 30, 2020 or the UnitedHealthcare extended emergency period for Medicare and employer groups.</p>

*This date is subject to change based on direction from CMS. ** Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance has been provided, telehealth expansion ends June 18, 2020.***State variations and regulations may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Timely Filing and Prescription Refills



Program or Benefit Scenario	Health Plan*	Date Details	Additional Details
Timely Filing Extensions	Individual and Group Market Health Plans	UnitedHealthcare is following national regulatory guidance and pausing the timely filing requirements time clock for claims that would have met 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.** This regulatory guidance has been issued by the IRS and the U.S. Department of Labor (Employee Benefits Security Administration). • Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period.**
Timely Filing Extensions	Medicare Advantage and Medicaid Plans	Claims with a 2020 service date submitted on or after Jan. 1, 2020 through June 30, 2020 will not be denied for failure to meet timely filing deadlines.	<ul style="list-style-type: none"> • If the Centers for Medicare & Medicaid Services (CMS) issues further guidance on timely filing, UnitedHealthcare will adhere to that guidance. • Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period.** • Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your state-specific website.
Early Prescription Refills	Medicare Advantage, Medicaid and Individual and Group Market health plans	Through July 15, 2020	<ul style="list-style-type: none"> • Members who have UnitedHealthcare prescription coverage or an Optum Rx pharmacy benefit can get an early prescription refill by calling the pharmacy number on their health plan ID card or speaking directly to a pharmacist. Members can also opt to have prescriptions delivered to their home through Optum Home Delivery. They can set up this option online by signing into their health plan account.

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Referrals and Provisional Credentialing



Program or Benefit Scenario	Health Plan*	Date Details	Additional Details
Referrals	Medicare Advantage	From March 1, 2020 through the national public health emergency period (July 24, 2020)	<ul style="list-style-type: none"> UnitedHealthcare will not enforce referral requirements for Medicare Advantage plans.
	Medicaid	n/a	<ul style="list-style-type: none"> Consistent with existing policy, members do not need a referral for emergency care. Note that Florida, Maryland and Rhode Island have state requirements for referrals.
	Individual and Group Market health plans	n/a	<ul style="list-style-type: none"> Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements continue to apply.
Provisional Credentialing	Medicare Advantage, Medicaid and Individual and Group Market health plans	Through July 24, 2020	<ul style="list-style-type: none"> In accordance with guidelines from the National Committee for Quality Assurance (NCQA), we're implementing provisional credentialing for out-of-network care providers who are licensed independent practitioners and want to participate in one or more of our networks. All credentialing applications will be evaluated to determine if UnitedHealthcare is currently accepting applications in specific geographic areas or for a designated specialty. Complete information on COVID-19-related credentialing and recredentialing changes can be found on UHCprovider.com/covid19.

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Resources

- Find the latest UnitedHealthcare COVID-19-related resources at UHCprovider.com/covid19.
- Learn more about our reimbursement policies at UHCprovider.com/policies.
- For the most recent updates on COVID-19, visit the [CDC](https://www.cdc.gov) and [World Health Organization](https://www.who.int).

Information provided by the American Medical Association does not dictate payer reimbursement policy and does not substitute for the professional judgment of the practitioner performing a procedure, who remains responsible for correct coding.