

## Timelines for temporary changes due to COVID-19 - Updated for 2021

Last updated May 11, 2021

In response to COVID-19, we implemented several temporary changes to support you and your patients. Below are important dates for these changes.

Get full details at our COVID-19 Provider Information Center: [priorityhealth.com/covid-19/about/providers](https://priorityhealth.com/covid-19/about/providers)

Category	Item	Effective date	End date
<b>Billing, coding and credentialing</b>	Add ICD-10 code U07.1 COVID19 when your patients have confirmed a diagnosis of COVID-19	4/1/20	n/a
	Use the SC modifier to indicate medical necessity for COVID-19 lab tests for select generic/unrelated codes	6/3/20	n/a
	Participating providers can treat our members at different locations under different tax IDs	4/1/20	9/30/20
<b>Coverage for our members</b>	Testing of in-network COVID-19 covered with \$0 cost share	3/11/20	TBD; based on Families First Coronavirus Act
	Treatment of in-network COVID-19 covered with \$0 cost share for most members*	3/11/20	9/30/21
	Vaccine for COVID-19 with \$0 cost share	When available to the public	n/a
	\$0 PCP copays for Medicare members	5/1/20	3/31/21
	Free access to COVID-19 mental wellness tool, myStrength	5/1/20	n/a
<b>Pharmacy</b>	For pharmacy prior authorizations set to expire, we've extended the approval date by 90 days from the date it was set to expire	3/11/20	TBD
	Early refills for chronic medications	4/15/2020	TBD
	Free at-home delivery for members through select pharmacies	4/15/20	Varies by pharmacy
<b>Prior authorizations</b>	Removal of all out-of-network rendering site restrictions for Medicare Advantage and Medicaid	3/23/20	TBD
	Movement all eviCore authorizations to a 180-day period, dependent on continuous enrollment at the time of service	3/26/20	TBD

	Extension of prior authorizations for elective procedures approved prior to the COVID-19 outbreak that were canceled or are pending rescheduling for members who have continuous enrollment in their plan at the time of service	3/11/20	7/31/21
<b>Financial support for providers</b>	20% DRG reimbursement uplift for hospitalized Medicare members with COVID-19	1/27/20	End of the public health emergency, as determined by CMS
	Suspension Medicare sequestration	5/1/20	12/31/21
	50% advanced payment on 2020 PCP Incentive Program (PIP) funds	4/15/20	One-time payment
<b>Virtual visits and telehealth</b>	Coverage of virtual visits with \$0 cost share** for virtual visit codes 99441-99443, 99421-99423 and 98970-98972	3/19/20	12/31/21
	Coverage of telehealth at \$0 for most members**, including virtual visit codes and all routine practice codes done with audio and visual component	7/1/20	12/31/21
	Reimbursement of telehealth services at in-person rate	5/1/20	12/31/21
	Allowance of telehealth visits for Advanced Health Assessments, when both audio and visual component are present	4/1/20	TBD (based on CMS guidance)
	Temporary suspension of the requirement for HIPAA compliant systems for virtual visits and telehealth	3/25/20	The end of the public health emergency
	Audio-only visits acceptable; provider must bill using audio only visit codes***	7/1/20	12/31/21

\*Employer plans that are self-insured determine benefit coverage for their employees and dependents at their discretion.

\*\*Beginning January 1, 2021, our standard benefit offering continues to include \$0 virtual care services for fully funded plans. Among large and small groups there are still variations of benefit coverage, for example, grandfathered plans, union negotiations, non-standard plans, etc. Employer plans that are self-insured determine benefit coverage for their employees and dependents at their discretion.

\*\*\*Codes: 99441-99443, 98966–98968