



Allegiance Provider Direct Coronavirus (COVID-19) Interim Billing Guidance for Providers

As a third party administrator Allegiance Benefit Plan Management administers employer Health Plans with specific plan language and coverage. We will continue to administer these plans utilizing current plan language. Any changes or modifications require Plan direction.

Please verify with Allegiance customer service on the specifics of coverage under your patients plan as **Plans have the option to expand the coverage per the below. Coverage is limited to in-network testing providers only***.

COVID-19 Testing & Services:

- Allegiance will program plans to cover COVID-19 testing, labs and the related office visit from in-network providers 100% of the plan's applicable allowable with no member responsibility.
 - Coverage will be based on the specific drug test HCPC U0001, U0002 & 87631 - 87633 for the specific COVID-19 test
 - Coverage will be based on the ICD-10 diagnosis for possible or definite exposure to COVID-19
 - Expanded Option*
 - Coverage for all testing and treatment related to COVID-19 from in-network providers at 100% of the plan's applicable allowable with no member responsibility.

Coverage will be based on the ICD-10 diagnosis for confirmed COVID-19 diagnosis
- ✓ All coverage options are limited to in-network providers only
 - ✓ All coverage options depend on accurate coding by the provider

Telemedicine and Voice Consultations Medical & Behavioral Health

- Allegiance Benefit Plan Management's claims processing systems will reimburse in person visits, phone calls, real-time synchronous virtual visits for screening and testing for COVID-19 without copay or cost share for all individuals when provided by qualified, in-network providers regardless of patient location. Qualified providers include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives and telehealth vendors authorized by the Plan.
 - In addition, for Plans that do not opt out, our claims processing system will reimburse telehealth visits not related to COVID-19 in accordance with current plan coinsurance, deductibles, and copays when those services are provided by qualified in-network professionals, which include physicians and certain non-physician practitioners such as behavioral health professionals, nurse practitioners, physician assistants and certified nurse midwives.
- ✓ Services should be billed using Place of Service 02 or a Modifier GT or GQ
 - ✓ All medical necessity review criteria for virtual care will be maintained during this time.

Telemedicine and Voice Consultations Therapy Services

- Telehealth services for therapy including but not limited to Physical Therapy, Occupational Therapy, Speech Therapy, and Acupressure are not covered benefits and will be denied.
 - Expanded Option*
 - Coverage for virtual physical, occupational, and speech therapy services will be reimbursed consistent with standard face-to-face office rates when the following codes are billed with a Place of Service 02 or a GT or GQ modifier.
 - 97161 PT EVAL LOW COMPLEX 20 MIN (Telephonic or virtual)
 - 97162 PT EVAL MOD COMPLEX 30 MIN (Virtual)
 - 97165 OT EVAL LOW COMPLEX 30 MIN (Telephonic or virtual)
 - 97166 OT EVAL MOD COMPLES 45 MIN (Virtual)
 - 97110 THERAPEUTIC EXERCIES (2 unit limit)
 - 92507 SPEECH/HEARING THERAPY
 - 92526 ORAL FUNCTION THERAPY
- ✓ All medical necessity review criteria for virtual care will be maintained during this time.

Pre-Certifications of Inpatient Stay/Pre-treatment Review of Outpatient Services

Based on recently passed federal law, Allegiance Benefit Plan Management will not apply any pre-certification or pre-treatment requirements for Plans were applicable and for services related to COVID-19. However, all treatments will still be reviewed for medical necessity and experimental investigational before claims are processed.

Referral Requirements

Referral requirements will remain the same according to plan coverage.

Please note that state and federal mandates may supersede these guidelines.

Coverage changes will be effective for dates of service starting March 1, 2020 forward until COVID 19 National Healthcare Emergency has ended.