

COVID-19 Update – 4/8/2020

This FastFax contains updated information including revisions to guidance initially communicated by MVP Health Care® (MVP) on 3/18/2020 regarding Telemedicine and TeleMental Health Services.

Telehealth Coding

Based on MVP's Telehealth Payment Policy, Participating Providers were instructed to submit claims with a place of service (POS) 02 code, which allowed for all telehealth visits to be accurately tracked.

During the State of Emergency, Participating Providers should bill Telehealth* services with the appropriate POS code that would have been reported had the services been furnished in person to ensure providers are paid the same rate for telehealth visits as in-office visits. For example, if you typically bill in the office, please use POS 11 and attach the appropriate 95 or GT modifier as outlined below.

To ensure member cost-share is waived, Participating Providers must bill with modifiers "95" or "GT" on each claim.

- 95 modifier - Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system.
- GT modifier - Via interactive audio and video telecommunication systems.

Participating Providers will be paid at the non-facility rate for all claims retroactive back to 3/1/2020 for Medicare and Medicaid Members, and 3/13/2020 for NY and VT commercial Members. Any claims submitted with POS 02 will be adjusted by MVP and do not need to be resubmitted.

COVID-19 Treatment Member Cost-Share Waived

Effective, 4/1/2020 through 5/31/2020, MVP will waive Member cost-share for the treatment of COVID-19 at any site of service, including inpatient hospitalizations and emergency room visits. Self-funded employer groups have the option to offer treatment coverage to their employees with no member cost-share.

To ensure Member cost-share is waived for all applicable Members, use the following codes for the **treatment of COVID-19**:

Diagnosis Code	Description
U07.1	COVID-19, virus identified
U07.2	COVID-19, virus not identified

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Claims billed with the following ICD-10 codes in the first position for office, Emergency Department, or Urgent Care Center visits that are for the **primary purpose of testing** will not apply a cost-share:

- Z03.818
- Z20.828

***Definition of Telehealth**

Telehealth services that are covered during the State of Emergency are defined as:

- Medicare - services provided through audio/visual means.
- New York State Medicaid and Commercial Members – services provided through audio/visual means.
- Vermont Commercial Members – services provided through audio/visual means, and services provided through telephonic only, per VT state regulations.

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