Bright HealthCare™

**COVID-19 Policy**

**EFFECTIVE DATE** **March 1, 2020**
**REVISED DATE** **January 13, 2022**

This policy does not and is not intended to detail all covered benefits offered by Bright HealthCare. In addition to the information included in this policy, Bright HealthCare reserves the right to apply its other standard coding and claims adjustment methodology to claims submitted by providers pursuant to this policy, including, without limitation, changes required or contemplated by the unique benefit design; standards required by law, regulation, or accreditation; industry standard reimbursement guidelines; and Bright HealthCare's provider manual. Providers must submit claims accurately to Bright HealthCare and ensure that such claims are properly coded for the treatment provided.

## DEFINITIONS

1. **"Benefit Plan"** means a plan of health care benefits issued or administered by Bright HealthCare under which Members receive coverage for Covered Services.

2. **"Billed Charges"** means the gross billed or retail price for services provided by a health care services Provider.

3. **"CMS"** means the Centers for Medicare and Medicaid Services.

4. **"Commercial Benefit Plans"** means benefit plans issued or administered by Bright HealthCare that are designed for purchase by individuals or groups and are not intended for government health programs such as Medicare, Medicaid, or the Children's Health Insurance Program.

5. **"Covered Services"** means appropriate and medically necessary health care services and supplies for which a Member is entitled to coverage under a Benefit Plan.

6. **"COVID-19"** is the disease caused by the novel coronavirus first identified in Wuhan China in 2019[1].

7. **"CPT/Healthcare Common Procedure Coding System (HCPCS) Codes"** means the set of five (5) character codes that are used to identify tests, surgeries, evaluations, and any other medical procedure supplies, products and services performed or rendered by a healthcare Provider on a Member. CPT Codes are copyrighted and licensed by the American Medical Association ("AMA").

[1] *CDC COVID-19 Frequently Asked Questions* (https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics)

8. **"Delegate"** means a person or entity to which Bright HealthCare has through a contractual arrangement, given the authority to carry out a function which Bright HealthCare would otherwise perform itself.

9. **"FDA Authorized"** means treatments and supplies that are FDA authorized, FDA approved or cleared, or those that have received Emergency Use Authorization (EUA). Bright HealthCare will only reimburse for medical treatments and services that are provided by and consistent with the terms of any FDA authorization, approval, or EUA.

10. **"Individual and Family Plans (IFP)"** means individual and family plans offered as an Exchange Benefit Plans and Off-Exchange Benefit Plans.

11. **"Medically Necessary/Medical Necessity"** means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

12. **"Medicare Advantage (MA) Benefit Plans"** means benefit plans issued or administered by Bright HealthCare pursuant to the MA program.

13. **"Medicare Advantage"** (sometimes called Medicare Part C or MA) means a type of health insurance plan in the United States that provides Medicare benefits through a private-sector health insurer.

14. **"Medicare"** means the United States federal government health insurance program that subsidizes healthcare services.

15. **"Member"** means an individual who is enrolled in a Bright HealthCare plan and eligible to receive benefits for Covered Services under a Benefit Plan.

16. **"Prior Authorization ("PA"),** also referred to as "prospective" or "pre-service" review**,** means a process by which the treating physician or other health care provider requests provisional approval from Bright HealthCare before rendering healthcare Covered Services or furnishing items to a member. This includes submission of clinical information prior to certain procedures, diagnostic studies, medical equipment, or medications for review by Bright HealthCare to confirm that the requested Covered services meet the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness. The member is not responsible for obtaining prior authorization, unless otherwise specified by law. Prior authorization does not guarantee payment by Bright HealthCare.

17. **"Provider"** means any participating or non-participating medical group, individual physician, or other healthcare service provider who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.

18. **"Small Group Plans"** means health insurance plans that are established under the ACA under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a small employer that may be purchased through a broker directly or may be offered on the state or federal health insurance marketplaces. Group size is state-specific. Generally, a group requires under 50 full-time employees, except for a few states which require under 99 full-time employees.[2]

19. **"Telehealth"** means the use of electronic information and telecommunications technologies to extend care when a Provider and the Member are not in the same place at the same time. Technologies for Telehealth include videoconferencing, store-and-forward imaging, streaming media, and may be billed and paid differently, depending on the payer and geographic location.[3] This definition may vary by state. If defined differently by state statute, the state statute's definition shall prevail.[4]

20. **"Telemedicine"** means Professional services rendered to a Member through an interactive telecommunications system by a Provider at a distant site.[5] This definition may vary by state. If defined differently by state statute, the state statute's definition shall prevail.[6]

## PURPOSE

This document outlines Bright HealthCare's approach to the ongoing public health emergency COVID-19 pandemic's effects on its members and network healthcare providers, specifically coverage changes, reimbursement, and available services.

## SCOPE

This Policy applies to Individual and Family Plans, Commercial Plans, Medicare Advantage, Small Group Plans, and to Bright HealthCare and all its affiliates. This Policy is a part of Bright HealthCare's Program Requirements.

This policy and procedure apply to all Bright HealthCare departments, staff, and delegates under contract with Bright HealthCare to support Bright HealthCare's Commercial Plans, Individual and Family Plans (IFP), Small Group Plans (SG), and Medicare Advantage Plans (MA). This policy further applies to Bright HealthCare and all its affiliates, Providers, all Benefit Plans, and Bright HealthCare members. This policy is a part of Bright HealthCare's Program Requirements.

[2] 45 CFR § 144.103
[3] TELEHEALTH FOR PROVIDERS: WHAT YOU NEED TO KNOW (cms.gov)
[4] Compare policy by state - CCHP (cchpca.org)
[5] https://www.cms.gov/glossary?term=telemedicine&items_per_page=10&viewmode=grid
[6] Compare policy by state - CCHP (cchpca.org)

Notwithstanding the foregoing, in the event that this policy conflicts with Centers for Medicare and Medicaid Services (CMS) Medicare Advantage Organization (MAO) guidance and requirements CMS/MAO guidelines will prevail for the Medicare Advantage Plans only.

Before applying this policy, please refer to the Member Benefit Plan document and any federal or state mandates, if applicable. If there is a difference between this policy and the Member specific plan document, the Member benefit plan document will govern.

**POLICY**

Beginning March 1, 2020, and continuing until further notice, the following services, when authorized by the United States Food and Drug Administration ("FDA"), are available and allowed **at no charge** to Bright HealthCare members, unless otherwise specified in Member's certificate or evidence of coverage in approved settings:

- COVID-19 Screenings
- COVID-19 Diagnostic Testing when administered or ordered by a licensed healthcare professional
- Administration of COVID-19 Vaccinations and booster shots[7] Administration of Monoclonal Antibody Treatment[8]-Outpatient setting only

*Bright HealthCare will reimburse participating Providers for FDA-authorized COVID-19 screenings, diagnostic testing, and telehealth services in accordance with the participating Provider's contractual agreement or as required by law. Providers that are not participating with Bright HealthCare will be reimbursed for such services in accordance with state and federal law, and Bright HealthCare's Out of Network Payment Policy[9],* unless otherwise required by state or federal law.

With the exception of state law, vaccination and antibody treatment administration will be handled in accordance with CMS billing and coding guidelines. Bright HealthCare's payment for the administration of the COVID-19 vaccination or antibody treatment shall never exceed 100% of the published and then current Medicare allowable. Bright HealthCare will not reimburse Providers for the actual vaccine or antibody drug. The administration of the antibody treatment is covered in an outpatient setting only.

Telehealth services obtained in connection to doctor-ordered COVID-19 testing or diagnostic services and authorized early medication refills are services addressed under this Policy but may be subject to the Member's policy benefits/limitations/exclusions.

Bright HealthCare is following national public health emergency declaration guidance for these allowances. If the national public health emergency declaration is lifted, the allowances and

[7] *CMS – COVID-19 Vaccines and Monoclonal Antibodies* (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies)
[8] Anti-SARS-CoV-2 Monoclonal Antibodies | COVID-19 Treatment Guidelines (nih.gov)
[9] NET-018 Out of Network Payment Policy

exceptions contained within this policy will be lifted immediately, unless otherwise required by state or federal law.

Notwithstanding the foregoing, Bright HealthCare will not reimburse for additional supplies, equipment and staff time during the public health emergency, unless required by state or federal law.

**I. Diagnostics and Screenings**

During the COVID-19 national public health emergency declaration, Bright HealthCare is covering costs associated with FDA-approved COVID-19 diagnostic testing and screenings for members, regardless of network participation, until further notice. Members may be responsible for other services *not* associated with COVID-19 testing or screenings that are performed at the same appointment. Members will not be reimbursed for mail-order or over-the-counter COVID-19 testing materials, testing and testing supplies not authorized by the FDA, or for antibody level tests.[10]

**II. Vaccinations & Antibody Treatment Administration – Members**

Bright HealthCare will cover the administration costs of FDA-authorized vaccinations and antibody treatment for members as identified and priced by CMS. The administration of the antibody treatment is covered in an outpatient setting only. Members may be responsible for other services *not* associated with COVID-19 that are performed at the same appointment. Each state maintains its own plan for vaccination rollout and eligibility phases. Information may be found by contacting local health departments[11].

**III. Vaccinations and Antibody Treatment Administration – Providers**

Until further notice, the vaccine and antibody drugs are available to providers at no cost by the applicable governing body. Per CMS guidelines, providers should not bill for the product received at no cost.[12] The administration of the antibody treatment is covered in an outpatient setting only. Bright HealthCare will not pay for the actual vaccine or antibody drug. Reimbursement is limited to the administration of the vaccine or antibody treatment; unless otherwise required by law. Providers may locate current administration reimbursement costs and CPT codes by vaccine/antibody type on the CMS COVID-19 website in accordance with the American Medical Association (AMA) guidelines.[13]

The federal government paid for the initial COVID-19 vaccination supply, and providers must be enrolled in the CDC COVID-19 Vaccination Program to administer the vaccine[14].

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[10] *Bright HealthCare – Coronavirus and Coverage* (https://brighthealthcare.com/brighter-life/understanding-coronavirus)
[11] *CDC - State & Territorial Health Department Websites* (https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html)
[12] *CMS – COVID-19 Vaccines and Monoclonal Antibodies* (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies)
[13] *AMA – Find your COVID-19 Vaccine CPT Codes* (https://www.ama-assn.org/find-covid-19-vaccine-codes)
[14] *CDC – Provider Requirements and Support* (https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html)

***Providers who participate in the CDC COVID-19 Vaccination Program must:***

- Administer the vaccine with no out of pocket cost to the patient for either the drug or the administration service
- Vaccine everyone, regardless of insurance status, coverage, or network status

***Providers who participate in the CDC COVID-19 Vaccination Program may not:***

- Balance bill patients for COVID-19 vaccinations
- Charge a patient for an office visit if vaccination is the only service given
- Require any additional services during a visit to provide the vaccination[15]

## IV. Codes for Vaccination and Antibody Administration

Bright HealthCare will follow CMS COVID-19 billing and coding guidelines in accordance with the American Medical Association (AMA) guidelines. CMS provides appropriate vaccination diagnosis and CPT/HCPCS codes based upon the manufacturer and dose received. The administration of the antibody treatment is covered in an outpatient setting only.[16]

## V. Vaccination and Antibody Treatment Billing Guidelines – Providers

- **Medicare Advantage Plans** – Bill fee-for-service (FFS) to Medicare, *not Bright HealthCare*
- **Individual & Family Plans (ACA Members) and Small Group Plans** – Bill Bright HealthCare*

**Bright HealthCare will reimburse Providers for vaccination and antibody therapy administration services in accordance with this policy.*

## VI. Reimbursement for COVID-19 Vaccinations Administration[17]

For COVID-19 vaccine administration services before or after March 15, 2021 will be paid at 100% of the current prevailing Medicare rate at the time of service. Reimbursement will be in accordance with CMS coding and payment guidelines or applicable state law.

This rate reflects updated information about the costs involved in administering the COVID-19 vaccine for different types of providers and suppliers, and the additional resources necessary to ensure the vaccine is administered safely and appropriately during the national public health emergency, unless otherwise required by state or federal law.

Unless otherwise specified in this policy, the Provider's contracted rates will prevail Unless greater than the CMS allowable. In no event will Bright HealthCare's reimbursement exceed 100% of the published and then current Medicare allowable for

[15] *CMS – COVID-19 Provider Toolkit* (https://www.cms.gov/covidvax-provider)
[16] *AMA – Find your COVID-19 Vaccine CPT Codes* (https://www.ama-assn.org/find-covid-19-vaccine-codes)
[17] *CMS – COVID-19 Vaccines and Monoclonal Antibodies* (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies)

these services whether administered by a participating or non-participating Provider, unless required by state or federal law.

## VII. Reimbursement for COVID-19 Antibody Treatment Administration

Providers should refer to the CMS website for the most current antibody treatment administration reimbursement information. The administration of the antibody treatment is covered in an outpatient setting only.

The Provider's contracted rates will prevail unless greater than the CMS allowable. In no Event will Bright HealthCare's reimbursement exceed 100% of the published and then current Medicare allowable for these services whether administered by a participating or non-participating Provider, unless required by state or federal law.

## VIII. Telehealth Services – Online and Virtual Care

Bright HealthCare will cover all telehealth services a member obtains that are related to a provider-ordered COVID-19 testing or diagnostic service. Please see Bright HealthCare's general Telehealth policy for additional context.[18] If a member elects to obtain a telehealth visit with a provider without using Bright HealthCare's Doctor-On-Demand service, they may be required to pay up front and submit a claim to Bright HealthCare for reimbursement. Reimbursement forms for Individual and Family Plans[19], Employer-Sponsored Health Plans (uses the same form as IFP), and Medicare Plans[20] are available on Bright HealthCare's website.

## IX. Early Medication Refills

To alleviate concerns about frequent visits to pharmacies to refill medications and when required by state or federal law, Bright HealthCare may authorize early medication refills. This accommodation makes medication available to Members who might be impacted by the outbreak of COVID-19. Notwithstanding the foregoing, Members must refer to their certificate of coverage for details on benefits/limitations/exclusions. Bright HealthCare follows national public health emergency declaration guidance for the allowance of early medication refills. If the national public health emergency ceases, this allowance will be lifted immediately, unless otherwise required by state or federal law.

## X. At-Home COVID-19 Testing Coverage[21]

A. This section of the policy does not apply to Medicare Advantage plans; unless otherwise required by state or federal law.

B. In accordance with guidance published on January 10, 2022, Bright HealthCare will reimburse Members for over-the-counter COVID-19 diagnostic at-home tests

[18] NET-029 Telemedicine-Telehealth Services Policy
[19] *Individual and Family Plan Claim Reimbursement Form for COVID-19 Telemedicine* (https://cdn1.brighthealthplan.com/docs/covid_19/ifp_claim_reimbursement.pdf)
[20] *Medicare Advantage Claim Reimbursement Form for COVID-19 Telemedicine Services* (https://cdn1.brighthealthplan.com/docs/covid_19/ma_claim_reimbursement.pdf)
[21] FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation (dol.gov)

which have been authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA) effective January 15, 2022.

C. Members will be reimbursed for up to eight (8) tests per covered Member per month. Neither a healthcare provider order nor preauthorization is required for reimbursement. Additionally, these claims will not be subject to member cost sharing requirements. COVID-19 tests, including at-home tests, that are Covered if ordered or administered by a health care provider following an individualized clinical assessment, including for those who may need them due to underlying medical conditions are not subject to this limitation.

D. This policy covers testing primarily intended for individualized diagnosis and treatment of COVID-19. Tests must be purchased for Member's own personal use or for use by a covered Member of the Member's family.

E. Excluded from coverage are at-home tests for employment purposes, tests reimbursed by another source including but not limited to FSA or HSA programs, tests obtained for resale, and any other excluded purposes specified or unspecified by state or federal law not outlined in this policy.

F. Member must follow the reimbursement and claim submission process to obtain reimbursement found here.

G. Bright HealthCare may offer direct coverage through its Network Pharmacies and On-line and Direct-to-Consumer shipping program including in list.

   a. Tests obtained through this process, will not require payment from the Member at the time of purchase, and will be covered by Bright HealthCare without any cost-sharing when used according to the terms listed within this policy.

   b. If tests are purchased through a provider other than through Bright HealthCare's Network Pharmacies or On-line and Direct-to-Consumer shipping program, Members must follow the process for submitting a claim in accordance with this policy. Reimbursement will be limited to $12 per test or the actual cost of the test, whichever is lower.

      Example:

| Box Contains: | Reimbursement: |
|---|---|
| 1 test | Lesser of $12 (1 test) or cost of box<br>(i.e. if the box with 1 test costs $10, reimbursement will be $10) |
| 2 tests | Lesser of $24 (2 tests) or cost of box<br>(i.e. if the box with 2 tests costs $20, reimbursement will be $10/test, or $20) |

H. In the event that Bright HealthCare does not offer Direct Coverage through our Network and On-line and Direct-to-Consumer shipping program, Bright HealthCare may reimburse Member for the full cost of the purchased FDA approved home test through any nationwide retail seller.

I. Member must submit claim information and purchase confirmation to Bright HealthCare in accordance with the process refenced in this policy to receive reimbursement. Qualified purchases will be reimbursed at full cost with no reduction for member cost-sharing. Member must follow the reimbursement and claim submission process found here to obtain reimbursement.

J. Bright HealthCare follows national public health emergency declaration guidance for Member reimbursement of the cost of qualified at-home COVID-19 tests. If the national public health emergency ceases, this coverage will be discontinued immediately, unless otherwise required by state or federal law.

**REFERENCES/CITATIONS**

45 CFR § 144.103
Bright HealthCare – Coronavirus and Coverage
CDC COVID-19 Frequently Asked Questions
CDC – State & Territorial Health Department Websites
CMS – COVID-19 Vaccines and Monoclonal Antibodies
CDC – Provider Requirements and Support
CMS – COVID-19 Provider Toolkit
AMA – Find your COVID-19 Vaccine CPT Codes
Individual and Family Plan Claim Reimbursement Form for COVID-19 Telemedicine
Medicare Advantage Claim Reimbursement Form for COVID-19 Telemedicine Services
National Institutes of Health Websites

**POLICY HISTORY**

Initial Approval Date: April 29, 2021
Version 2, Approval Date: December 9, 2021
Version 3, Approval Date: January 13, 2022