

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Appeals	UPMC Health Plan has temporarily extended the timely filing requirement for administrative and medical necessity provider appeals. The timely filing requirement, effective immediately, will be extended from 30 business days of the initial denial notification to within 60 business days of the initial denial.	All	(3/15/2020 - 6/15/2020)
Behavioral Health	<p>During the COVID-19 public health emergency as declared at the State and/or Federal level, as applicable, covered behavioral health services are eligible for reimbursement when provided via telehealth or, if video capabilities are not accessible, telephonically. These services are still subject to all underlying coverage standards including but not limited to coding, time, clinical appropriateness, and documentation requirements.</p> <p>Coverage in Medicare is provided in accordance with federal guidelines, including: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</p> <p>Coverage in Medicaid is provided in accordance with state guidelines, including: https://www.dhs.pa.gov/coronavirus/Pages/OMHSAS-Telehealth-Guidelines.aspx</p> <p>Coverage in Commercial is provided in accordance with state and federal regulations, including: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</p>		<p>Commercial, Medicare, and Medicaid/CHIP/CHC products: Cost share waiver in place 3/20/20-8/31/21. Effective 9/1/21, member telehealth cost shares apply for all services except for the diagnosis/evaluation of suspected COVID-19. Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>
COVID-19 Diagnostic Lab Testing, including Antibody Testing	<p>No member cost sharing (including out of network) for COVID-19 Diagnostic Testing. Testing must be clinically indicated and consistent with generally accepted practice guidelines based on an individualized assessment by the member's attending provider. Clinical assessment and rationale for testing should be appropriately documented. Please see list of current codes on our Provider FAQ https://embed.widencdn.net/pdf/plus/upmc/raewsrchpk/Provider-COVID19-FAQ.doc?u=oid6pr</p> <p>Return-to-work, return-to-school, worksite monitoring, testing for travel or other population surveillance testing is generally excluded from coverage except where clinically indicated and consistent with generally recognized practice guidelines based on an individualized clinical assessment from the attending provider (see "FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 43," available at https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf). Special rules may apply under other guidance for Medicaid, Medicare, and CHIP programs or for self-funded employer groups that have elected to cover these services.</p>	All	<p>For Commercial Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p> <p>For Medicare Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p> <p>For Medicaid/CHIP/CHC products - policy adopted through 4/16/2022 Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Over-the-Counter COVID-19 Testing	No member cost sharing (including out of network) for COVID-19 Diagnostic Testing. Testing must be clinically indicated and consistent with generally accepted practice guidelines based on an individualized assessment by the member's attending provider. CI		<p>For Commercial Products: Members may purchase tests and submit requests for reimbursement. More information is available at www.upmchealthplan.com/covid-19/</p> <p>For Medicare: Coverage is limited to diagnostic testing ordered by an attending provider</p> <p>For CHIP/Medical Assistance/CHC: Members may purchase tests and submit requests for reimbursement. Instructions for requesting test reimbursement and additional information about testing coverage is expected to be available in early February 2022</p>
COVID-19 Monoclonal Antibody Therapy (FDA authorized agents)	<p>For Medicare Advantage/SNP: Coverage is available subject to standard plan and program terms. For services provided prior to January 1, 2022, providers should bill Original Medicare (FFS). Additional information about this coverage is available from CMS at www.cms.gov/files/document/covid-infographic-coverage-monoclonal-antibody-products-treat-covid-19.pdf</p> <p>Commercial: Coverage is available subject to standard plan terms.</p> <p>Billing should follow normal procedures. Providers with questions should contact their Physician Account Executive (PAE) or call Provider Services at 1-866-918-1595.</p> <p>Medicaid/CHIP/CHC: Coverage for this COVID-19 treatment is provided without member cost-sharing pursuant to guidance under the American Rescue Plan.</p> <p>NOTE: All use of monoclonal therapies should be consistent with FDA guidelines, including use of specific agents or combination therapies in response to the presence of COVID-19 variants. Clinical records must be adequately documented to support use of monoclonal therapy. When the government provides monoclonal antibody products to treat COVID-19 for free, providers should only bill for the administration.</p>		<p>For Commercial Products (11/10/2020 – 4/16/2022) - Standard cost sharing applies effective 1/20/2022</p> <p>For Medicare Products (11/10/2020 – 4/16/2022) - Standard cost sharing applies effective 1/20/2022</p> <p>For Medicaid/CHIP/CHC products (11/10/2020 – 4/16/2022) - No-cost coverage under American Rescue Plan guidance</p>
COVID-19 Vaccine (FDA authorized agents)	<p>\$0 member cost-sharing for COVID-19 vaccine administration at all licensed providers and pharmacies.</p> <p>Medicare members: Vaccines administered prior to January 1, 2022 should be billed to Original Medicare (FFS). For vaccines administered after that date, claims should be submitted to the plan. Additional information on Medicare billing is available from CMS at https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration</p> <p>NOTE: When the government provides COVID-19 vaccines at no cost, providers should only bill for the vaccine administration.</p>	All	<p>For Commercial Products (11/10/2020 – 4/16/2022)</p> <p>For Medicare Products (11/10/2020 – 4/16/2022)</p> <p>For Medicaid/CHIP/CHC products (11/10/2020 – 4/16/2022)</p>

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Adverse Vaccine Reaction	For a patient who experiences a severe immediate (within 4 hours) adverse reaction to a COVID-19 vaccine and requires emergency medical care immediately following vaccine administration, UPMC Health Plan will cover the costs of necessary emergency and inpatient treatment without the application of deductibles, copays, or coinsurance. Providers are responsible for indicating which patient conditions are attributable to an adverse vaccine reaction. Standard network, authorization, and other coverage rules will still apply. Effective 1/20/2022 coverage of services is subject to standard plan cost-sharing.		For Commercial Products (11/10/2020 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022 For Medicare Products (11/10/2020 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022 For Medicaid/CHIP/CHC products (11/10/2020 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022
Follow-up mammography	For patients who receive a screening mammogram shortly after receipt of a COVID-19 vaccine AND have an abnormal screening result due to swollen lymph nodes, UPMC Health Plan will waive member cost-sharing for a follow-up screening mammogram or ultrasound with their network provider when screening procedure codes are associated with an adverse vaccine reaction diagnosis (T50.B95A, T50.B95D, T50.B95S, T88.1XXA, T88.1XXD, T88.1XXS). Follow-up biopsies may be subject to additional clinical review to determine eligibility for this enhanced benefit. Only one follow-up screening will be permitted per benefit year. Effective 1/20/2022 coverage of services is subject to standard plan cost-sharing.		For Commercial Products (1/1/2021 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022 For Medicare Products (1/1/2021 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022 For Medicaid/CHIP/CHC products (1/1/2021 – 1/20/2022) - Standard cost sharing applies effective 1/20/2022
Durable Medical Equipment "DME"/Medical Supplies	Effective 9/1/2021 prior authorization will be reinstated for DME supplies. Waiving of the requirement for signature and proof of delivery requirements for DME and Medical Supply equipment per CMS guidance. Oxygen and Nebulizers: Waiving of the requirement for Face to Face for new and renewal of oxygen and supplies and nebulizer and supplies. Short Term Oxygen ordered on or before April 16, 2022 will be approvable for 120 days Oxygen (short term and long term), Nebulizers, and CPAP/BiPAP are covered with a valid covid-19 diagnosis for all lines of business DME/Medical Supplies other than Oxygen and Nebulizers: Allowing telehealth** for Face to Face Physician visits for new orders for medical supplies and DME (i.e. Medical supplies, Wheelchairs, Beds, CPAP/BiPAP, Insulin Pump & CGM & supplies, vent/trach supplies). Waiving of the requirement for Face to Face Physician visits for renewal of medical supplies and DME (i.e. Medical supplies, Wheelchairs, Beds, CPAP/BiPAP, Insulin Pump & CGM & supplies, vent/trach supplies). Early Supply Shipment: Early shipment of following medical supplies and DME supplies: Continuous Glucose Monitors- MP.PA.034 or L33822, Insulin Pumps/Supplies for Insulin Pumps, MP.PA.035 or MP.137, or External Infusion pumps L33794, Nutritional Supplements Oral or Enteral (tube feedings) Nutritional Support, MP.PA.054 or Enteral Nutrition L33783, Ostomy Supplies - MP.141; Oxygen -Oxygen Therapy, Home MP.130 or Oxygen and Oxygen Equipment L33797, Urological Supplies - MP.142 or L33803; Tracheostomy Supplies - L33832.	All	For Commercial Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicare Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicaid/CHIP/CHC products - policy adopted through 4/16/2022 Subject to permissibility under the current federal and/or state emergency declarations and associated guidance

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Early refill	UPMC Health Plan increased access to prescription medications by waiving early refill limits on medications filled at retail and specialty pharmacies between 3/15/2020 and 6/15/2020. Early refills for mail order were permitted in commercial, Medicare and SNP. Effective 6/15/2020 early refills are no longer being processed for Commercial plans.	Commercial	(3/11/2020 - 6/15/2020)
	UPMC Health Plan will increase members' access to medications by waiving early refill limits on prescriptions until the end of the Public Health Emergency for members of our Medicare Advantage plans (UPMC <i>for Life</i>), CHIP plans (UPMC <i>for Kids</i>), UPMC Community HealthChoices, and Medical Assistance plan (UPMC <i>for You</i>) so long as permitted under the current state and federal emergency declarations. Patients with a valid prescription should ask their pharmacist about processing an early refill. No separate call or authorization from UPMC Health Plan will be required. One early refill is permitted per 180 days at the drug/strength level. Edits related to drug coverage, utilization management rules, and safety edits will continue to apply.	For Medicare/Medicaid/CHIP/CHC products - policy adopted through 4/16/2022. Subject to permissibility under the current federal and/or state emergency declarations and associated guidance.	(3/11/2020 - 4/16/2022)
Evaluation for a COVID-19 diagnosis	EVALUATION: For all medical products cost sharing (deductibles, coinsurance and copays) have been removed for the following service classifications: Urgent care, ER, Imaging/Radiology/Diagnostics, Office visits, Outpatient associated with COVID assessment and evaluation for diagnostic testing for both participating and non-participating providers.		For Commercial Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicare Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicaid/CHIP/CHC products - policy adopted through 4/16/2022 Subject to permissibility under the current federal and/or state emergency declarations and associated guidance. Extended coverage may apply under American Rescue Plan guidance

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.
All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Treatment in all settings for a COVID-19 related diagnosis	TREATMENT: Commercial/Medicare: Effective 1/20/2022 coverage of services is subject to standard plan cost-sharing. All Settings: For Medicaid/CHIP/CHC plans, cost-sharing for COVID-19 treatment (regardless of setting) is removed.		For Commercial Products (3/20/2020 - 1/20/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicare Products (3/20/2020 - 1/20/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicaid/CHIP/CHC products - policy adopted through 4/16/2022 Subject to permissibility under the current federal and/or state emergency declarations and associated guidance. Extended coverage may apply under American Rescue Plan guidance

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.
All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Prior Authorizations - Chest CT Scan	With appropriate provided Diagnosis code (71250, 71260, 71270) + Chest CT scan, no prior authorization is needed.	All	For Commercial Products (3/20/2020 - 4/16/2022) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicare Products (3/20/2020 - 4/16/2022) -Subject to permissibility under the current federal and/or state emergency declarations and associated guidance For Medicaid/CHIP/CHC products - policy adopted through 4/16/2022 Subject to permissibility under the current federal and/or state emergency declarations and associated guidance

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
<p>Telemedicine</p> <p>- All contracted providers</p> <p>- All diagnoses</p>	<ul style="list-style-type: none"> For commercial group and individual plans and UPMC <i>for Life</i>, UPMC Health Plan has temporarily added coverage for more than 140 additional telehealth services that are recognized by Medicare FFS during the public health emergency. Please reference the Medicare's list of covered telehealth codes for the full scope of our expanded coverage: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes Additionally, Commercial group and individual plans and UPMC <i>for Kids</i> will cover G2250-G2252 through the end of the federal emergency declaration. In addition, Telehealth coverage for Medicaid: UPMC <i>for You</i> and UPMC Community HealthChoices is available per the state guidance: https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/QTip%20242.pdf Providers should use the appropriate Place of Service (POS 02/10) and/or modifier (95/93) on telehealth claims for all lines of business except Medicaid. Medicaid providers: Pennsylvania DHS Medicaid Bulletin 99-21-06, states that all telehealth billed for Medicaid services should be billed under the Place of Service 02: telemedicine. Please reference this bulletin for more details at https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/99-21-06.pdf PT/OT/Speech visits conducted via telehealth will apply towards the member's maximum visit limit for that benefit, if applicable. As noted in existing telehealth policy MP.148, coverage for a brief (5-10min) remote interaction, typically via telephone between provider and the existing patient. This is a specific type of check-in visit and this code should not be used for delivery of any other e/m or office-based service. For any FQHC on a Medicare PPS fee schedule and all RHC's, UPMC <i>for Life</i> and UPMC <i>for Life</i> Dual will align with CMS and accept code G2025 and G0071 for all approved telehealth services and brief remote interactions. UPMC <i>for Kids</i> will cover G2211 and G2212 temporarily throughout the COVID-19 Public Health Emergency declaration During this federal emergency, UPMC Health Plan will reimburse for covered services provided through combined audio-video communication technologies that are not HIPAA compliant (e.g., FaceTime, Zoom, and others), consistent with allowances announced by the HHS Office of Civil Rights (see Special Topics at www.hhs.gov/hipaa/). ** In these situations, members should be made aware of the potential limitations of these platforms and this should be noted in the member's chart. Providers must clearly document the mode of communication utilized and continue to meet all documentation requirements for the service rendered. Additional information on telemedicine coverage and requirements can be found at: https://embed.widenet.net/pdf/plus/upmc/4fbcj0ork/MP.148.pdf 	All	<p>Commercial, Medicare, and Medicaid/CHIP/CHC products: Cost share waiver in place 3/20/20-8/31/21. Effective 9/1/21, member telehealth cost shares apply for all services except for the diagnosis/evaluation of suspected COVID-19.</p> <p>Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>
<p>Telehealth Well-Child Visits</p>	<p>Telehealth Well-Child Visits for Commercial/Medicaid/CHIP Products are eligible covered services.</p> <ul style="list-style-type: none"> UPMC Health Plan covers Pediatric Telehealth Well-Child Visits for UPMC <i>for Kids</i>, UPMC <i>for You</i>, and Commercial plans. Following the American Academy of Pediatrics (AAP) Bright Futures recommendations, coverage for telehealth well-child visits varies based on the need for in person well-child testing. Further guidelines on billing practices, please refer to EPSDT and Commercial Billing Guides: https://upmc.widenet.net/s/x1do3n4iso https://upmc.widenet.net/view/pdf/nstlgr9rf/20PV1412605---Telemedicine-Billing-Guide-COVID19_WEB.pdf?t.download=true&u=oid6pr 		<p>For Commercial Products (3/20/2020 - 4/16/2022) -Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p> <p>For Medicaid/CHIP Products (3/20/2020 - 4/16/2022) -Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>
<p>911 Calls: EMS Services</p>	<p>Effective October 4, 2021: UPMC <i>for Kids</i> will reinstate member cost share for ambulance telehealth services unrelated to COVID-19.</p> <p>Donning and Doffing PPE for Respiratory Precautions temporarily considered BLS skill. Eligible for 2 units of service with code A0998.</p> <p>Facilitating Telehealth Visit during 911 call in lieu of transport reimbursed with additional code Q3014.</p> <p>Transport to Alternative Destination: Transportation to appropriate care setting in lieu of emergency department eligible for BLS transport. Use modifier "D" as destination code.</p>	All	<p>(3/1/2020 - 4/16/2022) -Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>

Appendix A | COVID-19 Special Coverage and Payment Policy

Benefit Coverage

*UPMC Insurance products include: UPMC Advantage group and individual products, UPMC *for Life* Medicare Advantage plans, UPMC *for Kids* CHIP plans, UPMC Community HealthChoices, and UPMC *for You* Medical Assistance plans. Coverage may vary for our self-insured or administrative services only (ASO) employer groups.

All expired temporary benefit enhancement shown in red.

Benefit	Special Coverage	UPMC Insurance Product	Date Parameters
Skilled Nursing Facility Prior Authorization Requests	<p>Effective December 16, 2021:</p> <ul style="list-style-type: none"> UPMC Health Plan will waive the initial prior authorization requirements for members who are being transferred from an inpatient setting to a Skilled Nursing Facility. Inpatient providers are still required to notify UPMC Health Plan of the planned skilled nursing facility (SNF) transfer, but the initial placement request will not be reviewed for prior authorization based on medical necessity. UPMC Health Plan will coordinate with the receiving skilled nursing facility to perform a medical necessity review for ongoing placement following the initial authorization, consistent with UPMC Health Plan's standard policy for placements. Skilled nursing facilities must still adhere to UPMC Health Plan's authorization policies, including those regarding the review of continuing/ongoing placements. Out of network authorizations for skilled nursing facilities may be authorized due to capacity and placement requirements. However, out-of-network authorization is not automatic and UPMC Health Plan must be notified of any request for out of network transfers. UPMC Health Plan staff will work with the requesting provider to locate an available in-network facility or make arrangements with an out-of-network facility as necessary. 	All	<p>For Commercial Products (12/16/2021 - TBD) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p> <p>For Medicare Products (12/16/2021 - TBD) - Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p> <p>For Medicaid/CHIP/CHC products - policy adopted (12/16/2021 - TBD) Subject to permissibility under the current federal and/or state emergency declarations and associated guidance</p>

DAK 02/08/2022:10AM

**On March 17th, 2020, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. Covered health care providers may use popular applications that allow for video chats including: Skype, FaceTime, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco WebEx Meetings / WebEx Teams, Amazon Chime, GoToMeeting to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. See full notice from OCR Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency <https://upmchp.us/hhs>

NOTE: All discretionary benefit enhancements, relaxation of prior authorization or other medical management, and cost-sharing waivers are subject to permissibility under State and/or Federal emergency declarations and implementing guidance.