

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

March 5, 2021

EXTENDED: COVID-19 IN-NETWORK INPATIENT AND TELEMEDICINE COST SHARE WAIVERS

[Highmark has announced](#) that members who require **in-network, inpatient hospital care for COVID-19** will not have to worry about paying cost-sharing such as deductibles, coinsurance and copays through **June 30, 2021**. Self-funded employer groups for which Highmark administers benefits may, however, opt-out of this waiver.

Highmark is also extending the waiver of cost-sharing for **in-network telehealth visits** through **June 30**. As with COVID-19 treatment, self-funded employer groups for which Highmark administers benefits may also opt-out of this waiver.

Highmark's Medicare Advantage members will have no cost-sharing for telehealth visits **in or out-of-network** through June 30, 2021. Additionally, Medicare Advantage members will see no copays for COVID-related hospital admissions for the **duration of the public health emergency (PHE)**.

Highmark is also covering the cost of the COVID-19 vaccines, enabling its members to get vaccinated at no cost to them.

Below is information regarding all the special cost share waivers currently in effect. As noted below, some of the waivers are directly related to a COVID-19 treatment or diagnosis and others are applicable regardless of diagnosis.

QUICK REFERENCE CHART

VISIT TYPE	MEMBERSHIP	DATES OF SERVICE	MUST BE RELATED TO COVID-19
In-network Telemedicine	All <i>except</i> for FEP, self-Insured employer groups who have opted out	Mar. 13,2020 – Jun. 30, 2021	No
In-network Inpatient Hospital Care	All <i>except</i> for FEP, self-Insured employer groups who have opted out	Feb. 1, 2020 – Jun. 30, 2021	Yes*
Office, Urgent Care, Emergency Department (ED)	All	Feb. 4, 2020 – duration of the PHE	Yes**

*For COVID-19 treatment

** For COVID-19 testing and associated visit



WAIVERS REGARDLESS OF DIAGNOSIS

TELEHEALTH VISITS



Highmark has waived cost share for outpatient, in-network Virtual Visits and covered Telemedicine Services provided by our approved national vendors (American Well, Doctor On Demand, and Teladoc) for **dates of service through June 30, 2021 regardless of medical diagnosis.**

The telehealth cost share waiver applies to commercial groups (that have opted into the copay waiver), Medicare Advantage*, ACA, and CHIP members. It does not apply to FEP or self-insured employer groups that have opted out of the cost share waiver. Members should contact Member

Services (using the number on the back of their card) to see if this applies to their plan.

**This waiver also applies to Medicare Advantage members who have virtual or telemedicine visits with out-of-network providers.*

WAIVERS RELATED TO COVID-19 DIAGNOSIS

OFFICE, URGENT CARE, EMERGENCY DEPARTMENT VISITS

Effective for dates of service March 1, 2020 **through the duration of the PHE**, Highmark has waived cost share for office, urgent care, and emergency department visits when the visit *results in a COVID-19 test being ordered or administered*. Otherwise, the visit will be paid based on the member's benefit plan and standard cost sharing will apply. This waiver applies to Medicare Advantage, ACA, and select employer plans.

Highmark also will waive member cost share for any related items or services provided during the office, urgent care or ED visit in which the COVID-19 test is ordered or administered. See the **"BILLING/ COVERAGE FOR COVID-19"** page for list of services that may be considered related to COVID-19 evaluation. It can be found under the special COVID-19 section of the Provider Resource Center.

INPATIENT HOSPITAL CARE

Highmark members who receive inpatient hospital care for COVID-19 from an in-network facility will not incur any deductibles, co-insurance, or co-pays **for dates of service from February 1, 2020 through June 30, 2021**. This applies to members with group employer coverage (self-funded groups may elect to opt into the program), as well as ACA and Medicare Advantage members.

Additional Information:

- Waiver applies to inpatient claims with a **confirmed diagnosis (after positive COVID-19 test)**.
- Benefit limits/maximums (e.g., SNF days) still apply.
- Standard prior authorizations still apply.
- Waiver applies to covered services from in-network providers.
- Upon discharge, routine medical benefit coverage will apply.

ADDITIONAL INFORMATION

Visit the dedicated COVID-19 section on the **Provider Resource Center** to stay informed of the most up-to-date Highmark information relating to the public health emergency. Check back regularly as new guidance is available or any changes occur.