1. Does UPMC Health Plan cover the cost of COVID-19 testing?

Effective immediately, no-cost coverage of COVID-19 testing will apply for members in all of our commercial 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. Our self-insured or administrative services only (ASO) employer groups will be permitted to opt-out of this coverage at their discretion.

2. Does UPMC Health Plan have virtual telehealth available?

Yes. UPMC AnywhereCare offers patients with non-emergency symptoms the opportunity to seek care online with a health care clinician. Prior to being connected to a provider, the member will be asked about their medical history and what he or she would like to discuss. Users can upload photos related to their condition. During the video visit, providers will look, listen, and engage with the member to diagnose any health concerns and recommend a course of action. UPMC AnywhereCare is accessible for members age 3 and above.

3. Does UPMC Health Plan pay for telehealth?

Effective immediately, patients can get medical attention quickly and safely at $0 copay for all covered telehealth services from a network provider, including through UPMC AnywhereCare. Until June 15, 2020, we will waive all member cost-sharing, including deductibles or copayments, for all in-network virtual health care visits with our telehealth providers.* Patients who are not UPMC Health Plan members can still access UPMC AnywhereCare; they will be charged $59 for the visit.

UPMC Health Plan’s technical requirements and information on covered telehealth services can be found in UPMC Heath Plan policy MP.148, which is available online through our Policies and Procedures Manual.

4. Does UPMC Health Plan cover the cost of evaluation and treatment of COVID-19?

Commercial and Medicare coverage level varies by individual member benefits. For the UPMC for Kids CHIP plan, UPMC for You Medical Assistance plan, and UPMC Community HealthChoices, there is no cost-share for evaluation and treatment.

5. How can my patient with UPMC Health Insurance receive COVID-19 testing?

If you are concerned a patient may have COVID-19 based on a travel screen and the recognized symptoms, you should contact the Pennsylvania Department of Health (DOH) at 1-877-PA-HEALTH (1-877-724-3258). Please view the DOH Pennsylvania Health Alert Network for Interim Guidance, Alerts, Advisories, and Updates.

Starting Tuesday, March 17, 2020, it will be possible for some patients to have specimens obtained and then tested at UPMC for COVID-19.

Not everyone who wants a test may be able to get a test right away. Initially testing will be prioritized based upon local resources, COVID-19 likelihood and patient factors. We expect testing capacity will continue to grow over the ensuing days. Unless you are trained, have testing and protective equipment, a safe location meeting CDC recommendations, and know how to safely package and send specimens, we do NOT recommend sampling from your office and sending to a commercial vendor or the Commonwealth. UPMC testing uses the one path below.

Follow these steps to refer patients for potential testing:

- Patient must be seen by a physician and assessed for any illness cause, all potential COVID-19 findings, and important histories (travel to high COVID-19 area/site, contact with KNOWN positive COVID-19 patient, symptoms - esp. fever, cough, respiratory findings).
- If COVID-19 is suspected, physician (not patient) calls 412-647-7000 to request Infection Prevention consult. Have all of above info ready along with patient name and date of birth.

UPMC Health Plan
• Only if approved by the UPMC Infection Prevention team, write prescription
• Patient can go to South Side (2000 Mary Street, Pittsburgh at the old ED entrance. There will be signs) only at appointment time. For safety and control, patients cannot walk-in or arrive outside of their appointed time. The site will have set business hours, not 24-hour service.
• UPMC test results will return in 24 hours.

Do NOT send people to Urgent Care or ED to obtain or request a test. The former cannot sample, and the latter is strongly discouraged for asymptomatic or only mildly symptomatic patients given limited facility capacity and the need to prioritize emergency care for the severely ill.

6. Patients may be concerned about accessing refills for maintenance medications. How is that being addressed?

Until June 15, UPMC Health Plan will increase access to prescription medications by waiving early refill limits on maintenance medications filled at retail and specialty pharmacies.

Patients with a valid refill prescription should ask their pharmacist about processing an early refill. No additional call or authorization from UPMC Health Plan is required.

7. What billing codes should be used for COVID-19 testing?

There will be no member cost-share until June 15 for testing procedures only for all UPMC Health Plan products and providers if billed under CPT Code 87635 or HCPCS Code U0002. These procedures do not require prior authorization.

Other procedures or codes may be subject to cost-sharing or coverage limitations regardless of associated diagnosis.

UPMC Health Plan is closely monitoring the situation and may extend or modify the current cost-sharing waiver for these or other related codes. Other procedures or testing codes are not currently subject to the cost-sharing waiver regardless of associated diagnosis. Providers are encouraged to regularly access UPMC Health Plan Provider OnLine for the latest information and updates.

8. What diagnosis codes should be used?

Please reference the CDC Official Coding Guidelines.

9. Where can providers access up-to-date information?

UPMC and UPMC Health Plan are actively monitoring this evolving situation and timely, appropriate care for our members and patients remains our top priority. We are working closely with county, state, and national health agencies and organizations to ensure that we are able to share critical, accurate information that allows both you and our Provider Services team to be prepared for new developments. The most up-to-date information on this evolving situation is available at:

• UPMC Health Plan Provider Announcements
• UPMC Health Plan Provider OnLine
• Centers for Disease Control and Prevention (CDC)
• Pennsylvania Department of Health (DOH)
• Inside Life Changing Medicine blog

FAQs for Home Health and PDN:

10. Are Face-to-Face Visits still required for Home Health, Hospice, and Palliative Care?

Effective immediately, UPMCHP will suspend the Face-to-Face (F2F) requirement for Home Health and Hospice until June 15th. For Palliative Care, the physical F2F monthly visit requirement can be replaced with a telehealth or telephonic assessment/visit until June 15th.

11. Private Duty Nursing (Pediatric):

How should Private Duty Nursing agencies handle authorizations for students not in school?

• The week of 3/13/20-3/20/20: Families of all children receiving shift care services will be contacted by their assigned Case Managers to review their emergency caregiver plan, address concerns or questions and offer support and education.
• Families of our shift care members are encouraged to contact UPMC AnywhereCare 24/7 for a telehealth consultation visit for an ill child or family member to limit the risk of exposure in a physician’s office or ER environment. Non-emergency virtual visits on a smartphone, tablet, or personal computer are available through the UPMC AnywhereCare app or website.

• If a shift care agency requests that a child switch from full- or part-time school hours to full- time home hours, UPMC is able to backdate the school-to-home transition authorization if services have been appropriate and medically necessary under our standard coverage policies. Agencies should contact UPMCHP within one week of start of transition request.

*For members of ASO/self-funded employer plans that have opted out of 100% coverage, standard cost-sharing under the plan will apply. While almost all of our Individual and Group plans include extensive telehealth benefits, some ASO/self-funded employer plans do not cover telehealth services. For members in qualified high-deductible plans, certain IRS limits may apply.

UPMC Health Plan members located in Pennsylvania at the time of service will have a virtual visit with a UPMC-employed provider. If a member is located outside Pennsylvania, service will be delivered by a separate provider group—Online Care Network II P.C.