



COVID-19 Temporary Provisions

Date guide

Information reflects provisions effective as of July 25, 2022.

State variations and requirements may apply during this time.

As needed, please refer to the Appendix for information on temporary provisions and suspensions that were implemented but are no longer in effect.

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**United
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Summary of COVID-19 dates by program

- The following document is intended to be a quick reference guide for the beginning and end dates of temporary program, process or procedure changes that UnitedHealthcare has implemented as a result of COVID-19. Full details of these changes can be found at UHCprovider.com/COVID19.
- **Please note:** Where outlined, changes apply to Individual Exchange, Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary.
- Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your [state's](#) UnitedHealthcare Community Plan website, if applicable. For more details, go to UHCprovider.com/covid19.
- Medical management requirements may also apply, according to the member's benefit plan

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Current cost share waivers – Testing

(copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans	Additional details
COVID-19 diagnostic testing (physician ordered)	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network tests.	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network tests.	<ul style="list-style-type: none"> UnitedHealthcare will cover medically appropriate COVID-19 testing during the national public health emergency period (currently scheduled to end Oct. 12, 2022), at no cost share, when ordered or reviewed by a physician or appropriately licensed health care professional to either 1) diagnose if the virus is present due to symptoms or potential exposure, or 2) help in the treatment of the virus for a person.. UnitedHealthcare health plans does not cover COVID-19 surveillance testing, which is testing used for public health or social purposes such as employment (return to workplace), education, travel, or entertainment. These tests are only covered when required by applicable law and adjudicated in accordance with member's benefit plan. <ul style="list-style-type: none"> Exception for Administrative Services Only (ASO) plans: Effective Jan. 1, 2022, ASO plans may elect to cover surveillance testing claims administered by a health care provider under the medical benefit plan. Members are responsible for checking with their employer to see if they have elected to cover surveillance testing in 2022.
Over-the-counter (OTC) COVID-19 tests (physician ordered)	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network tests when medically appropriate as ordered or reviewed by a physician or appropriately licensed health care professional.	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network tests when medically appropriate as ordered or reviewed by a physician or appropriately licensed health care professional.	<ul style="list-style-type: none"> Members will be responsible for the cost of OTC tests and may use their health savings account (HSA), flexible spending account (FSA) or health reimbursement account (HRA) If you provide a prescription for an over-the-counter COVID-19 test as part of clinical care, the member may submit a claim for reimbursement with both the prescription and detailed receipt to UnitedHealthcare

Current cost share waivers – Testing (cont.)

(copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans	Additional details
<p>Over-the-counter (OTC) COVID-19 tests without a prescription</p>	<p>Beginning April 4, 2022, all Medicare beneficiaries with Part B coverage are eligible to get 8 free FDA-authorized or approved over-the-counter (OTC) at-home COVID-19 diagnostic tests every calendar month. This includes members enrolled in UnitedHealthcare’s Medicare Advantage, Medicare Supplement and Medicare Prescription Drug plans.</p> <p>The initiative runs from April 4, 2022 through the end of the national public health emergency period, currently scheduled to end Oct. 12, 2022.</p> <p>For members enrolled in a Medicare Advantage plan, the tests covered under this initiative will be covered outside of the existing plan’s coverage, and in addition to any over-the-counter tests that may be covered under the plan as a supplemental benefit.</p> <p>Free COVID-19 tests for Medicare beneficiaries are available at participating pharmacies, including CVS, Costco, Walgreens and Walmart.</p> <ul style="list-style-type: none"> Participating pharmacies can provide the tests and bill Medicare on the member’s behalf. Members are encouraged to bring their red, white and blue Medicare card – which is different than the plan ID card – to get the free tests. However, the pharmacy may be able to bill Medicare without the card. 	<p>In accordance with the American Rescue Plan, State Medicaid and CHIP programs are required to cover FDA-authorized at-home COVID-19 tests. People with Medicaid or CHIP coverage should contact their state Medicaid or CHIP agency for information regarding the specifics of coverage for at-home COVID-19 tests, as coverage rules may vary by state.</p>	<p>Beginning Jan. 15, 2022, UnitedHealthcare will cover the cost of FDA-authorized or approved over-the-counter (OTC) at-home COVID-19 diagnostic tests purchased on or after Jan. 15, 2022. This aligns with the guidance released on Jan. 10, 2022, by the Departments of Labor, Treasury and Health and Human Services (Tri-Agencies) to support the Biden Administration’s directive on OTC at-home testing.</p> <p>UnitedHealthcare has established a network of preferred retailers. Members who have an OptumRX logo on the member ID card can purchase OTC tests at these retailers with no up-front cost and do not need to submit a form for reimbursement.</p> <p>UnitedHealthcare will not require a prior authorization, to be reimbursed for the OTC at-home tests.</p>	<ul style="list-style-type: none"> Members can be reimbursed for up to 8 FDA-authorized or approved OTC at-home diagnostic tests per covered member every calendar month at no cost to the member (no cost-sharing, copay, coinsurance or deductible). <ul style="list-style-type: none"> The FDA website lists tests that fit these criteria The limit of 8 tests per member every calendar month does not apply to Standard PCR tests administered by a doctor and processed by a lab. Members do not need a prescription to request the OTC tests To qualify for coverage, members must purchase the OTC tests on or after the following dates, based on the type of health plan the member has. Tests purchased prior to that date are not eligible for reimbursement: <ul style="list-style-type: none"> Medicare: April 4, 2022 Individual and Group Market: Jan. 15, 2022 Medicaid: Varies by state



Current cost share waivers – Testing (cont.)

(copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans	Additional details
COVID-19 antibody testing	From April 10, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network tests.	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	From April 10, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share for in-network and out-of-network tests.	<ul style="list-style-type: none"> COVID-19 antibody testing must be an FDA-authorized test ordered by a physician or appropriately licensed health care professional, consistent with Centers for Medicare & Medicaid Services (CMS) requirements
COVID-19 testing-related services	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance and deductible) for in-network and out-of-network testing-related services.	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share for in-network and out-of-network testing-related services.	<ul style="list-style-type: none"> Services can be in person or via telehealth



Current cost share waivers – Treatment (copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans	Additional details
COVID-19 treatment	As of April 1, 2021, no cost share waivers are in effect. Coverage and cost share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan. This includes telehealth, inpatient and outpatient COVID-19 treatment for both in-network and out-of-network services.	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	No cost share waivers are currently in effect. Coverage and cost share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan.	
COVID-19 antiviral treatment	<p>For Medicare health plans, administration claims for FDA-authorized or approved COVID-19 antiviral treatments for Medicare beneficiaries will be reimbursed with no cost share (copayment, coinsurance or deductible) through the national public health emergency, currently scheduled to end Oct. 12, 2022.</p> <p>Reimbursement and cost share waivers are limited to antiviral treatments that are FDA-authorized or approved at the time of treatment.</p>	State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.	No cost share waivers are currently in effect. For medical health plans, coverage and cost share for both in-network and out-of-network treatment are adjudicated in accordance with the member's health plan.	<p>As of April 4, 2022, there are 3 antiviral treatment options available:</p> <p><u>Infusion</u></p> <ul style="list-style-type: none"> Veklury (Remdesiver) <p><u>Oral</u></p> <ul style="list-style-type: none"> Paxlovid (nirmatrelvir + ritonavir, co-packaged) Lagevrio (molnupiravir) <p>Please review the COVID-19 Billing Guide and our website for additional antiviral treatment information.</p>



Current cost share waivers – Treatment

(copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans	Additional details
Monoclonal antibody treatment	<p>For Medicare health plans, administration claims for FDA-authorized or approved COVID-19 monoclonal antibody treatments for Medicare beneficiaries will be reimbursed with no cost share (copayment, coinsurance or deductible) through the national public health emergency.</p> <p>Reimbursement and cost share waivers are limited to monoclonal antibody treatments that are FDA-authorized or approved at the time of treatment.</p>	<p>State variations and requirements may apply during this time. Please refer to your state's COVID-19-specific website for more information.</p>	<p>For Individual Exchange, Individual and Group Market health plans, the investigational monoclonal antibody treatment will be considered a covered benefit during the national public health emergency period, currently scheduled to end Oct. 12, 2022. Patients should meet the emergency use authorization (EUA) criteria for FDA-authorized or approved monoclonal antibody treatment in an outpatient setting.</p> <p>As of April 1, 2021, no cost share waivers are in effect for the administration (intravenous infusion) of monoclonal antibodies. Coverage and cost share for both in-network and out-of-network treatment are adjudicated in accordance with the member's health plan.</p>	<p>As of April 5, 2022, there are 2 monoclonal antibody treatment options available:</p> <ul style="list-style-type: none"> • Bebtelovimab • Evusheld (pre-exposure prophylaxis use only) <p>Please review the COVID-19 Billing Guide and our website for monoclonal antibody treatment information.</p>



Current cost share waivers – COVID-19 telehealth (copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans***	Additional details
Telehealth Virtual Check-Ins Electronic Visits (e-visits) Physical Therapy Occupational Therapy Speech Therapy Chiropractic Therapy Home Health and Hospice Remote Patient Monitoring Behavioral Dental Vision Hearing	<p>COVID-19 testing From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance or deductible) for in-network and out-of-network testing and testing-related telehealth services.</p> <p>COVID-19 treatment Effective April 1, 2021, for both in- and out-of-network providers, members are responsible for any copay, coinsurance or deductible or out-of-network costs according to their benefit plan. Most UnitedHealthcare Medicare Advantage plans have \$0 copays for covered telehealth services.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p> <p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p>	<p>COVID-19 testing From Feb. 4, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving cost share (copay, coinsurance or deductible) for in-network and out-of-network testing-related telehealth services.</p> <p>COVID-19 treatment In network: No cost share waivers are currently in effect. Effective Jan. 1, 2021, most benefit plans include telehealth services with in-network providers. Members are responsible for any copay, coinsurance, deductible or out-of-network costs according to their benefit plan. Details are in the updated telehealth/telemedicine reimbursement policy.</p> <p>Out of network: No cost share waivers are currently in effect. Coverage and cost share are adjudicated according to a member's health plan.</p>	<p>Benefits are adjudicated in accordance with the member's health plan, if applicable</p>



*This date is subject to change based on direction from CMS. Hospice services are not applicable for Medicare Advantage plans. **Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance was provided, telehealth expansion ended June 18, 2020. ***State variations and requirements may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](https://www.uhcprovider.com/covid19) for more details. Dates are subject to change, based on the national public health emergency period.

Current telehealth expansion and coverage

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans ***	Additional details
<p>Telehealth</p> <p>Medical</p> <p>Physical Therapy</p> <p>Occupational Therapy</p> <p>Speech Therapy</p>	<p>From Jan. 1, 2021, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is waiving the Centers for Medicare & Medicaid Services (CMS) originating site requirement.</p> <p>UnitedHealthcare will cover all in-network and out-of-network telehealth services, as outlined in the current CMS guidelines.</p> <p>(See the Medicare Advantage section on UHCprovider.com/covid19 > Telehealth)</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p>COVID-19</p> <p><u>In-network testing and treatment:</u> As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services and covering additional codes as outlined in our telehealth/telemedicine reimbursement policy.</p> <p><u>Out-of-network COVID-19 testing:</u> UnitedHealthcare has extended the expansion of telehealth access for COVID-19 testing through the national public health emergency period, currently scheduled to end Oct. 12, 2022.</p> <p><u>Out-of-network COVID-19 treatment:</u> As of Oct. 23, 2020, out-of-network telehealth services for COVID-19 treatment are covered according to the member's benefit plan and the UnitedHealthcare standard telehealth/telemedicine reimbursement policy.</p> <p>Non-COVID-19</p> <p><u>In network:</u> As of Jan. 1, 2021, UnitedHealthcare is covering in-network telehealth services in accordance with the member's benefit plan and our telehealth/telemedicine reimbursement policy. During the national public health emergency period, currently scheduled to end Oct. 12, 2022, additional CMS codes may apply.</p> <p><u>Out of network:</u> As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and the UnitedHealthcare standard telehealth/telemedicine reimbursement policy.</p> <p>(See the Individual and Fully Insured Group Market Health Plan section on UHCprovider.com/covid19 > Telehealth.)</p>	<p>The temporary policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio-only visits</p>



*This date is subject to change based on direction from CMS. **Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance was provided, telehealth expansion ended June 18, 2020. ***State variations and requirements may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See UHCprovider.com/covid19 for more details.

Current telehealth expansion and coverage (cont.)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans***	Additional details
Behavioral	<p>Optum has waived the CMS originating site restriction and extended the expansion of telehealth access for in-network and out-of-network providers through the national public health emergency period, currently in effect through Oct. 12, 2022.</p>	<p>State Medicaid guidance/ mandates apply. If no mandate was issued, the expanded policy was applicable through June 17, 2020.</p>	<p>Optum has waived the CMS originating site restriction and extended the expansion of telehealth access. This exception is effective through April 1, 2022 for in-network providers. For out-of-network providers, these flexibilities may be applicable in accordance with the member's benefit plan and as mandated by the state. Optum's Reimbursement Policies can be found on the Optum Reimbursement Policies page.</p>	<ul style="list-style-type: none"> • Optum has temporarily expanded its provisions around telehealth services to make it easier for UnitedHealthcare members to connect with their behavioral health provider during the COVID-19 public health emergency • Optum has waived the Centers for Medicare & Medicaid Services (CMS) originating site restriction and extended the expansion of telehealth access for UnitedHealthcare Medicare Advantage, Medicaid and commercial members in accordance with the time frames shown in the appropriate columns



*This date is subject to change based on direction from CMS. **Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance was provided, telehealth expansion ended June 18, 2020. ***State variations and requirements may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Current telehealth expansion and coverage (cont.)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans ***	Additional details
Virtual Check-Ins	Covered per Medicare guidelines.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	<p>COVID-19</p> <p>In-network testing and treatment: As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in our telehealth/telemedicine reimbursement policy.</p> <p>Out-of-network COVID-19 testing: UnitedHealthcare has extended the expansion of telehealth access for COVID-19 testing through the national public health emergency period, currently scheduled to end Oct. 12, 2022.</p> <p>Out-of-network COVID-19 treatment: As of Oct. 23, 2020, out-of-network telehealth services for COVID-19 treatment are covered according to the member's benefit plan and the UnitedHealthcare standard telehealth/telemedicine reimbursement policy.</p> <p>Non-COVID-19</p> <p>In network: As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in our telehealth/telemedicine reimbursement policy.</p> <p>Out-of-network: As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and the UnitedHealthcare standard telehealth/telemedicine reimbursement policy.</p>	<ul style="list-style-type: none"> UnitedHealthcare will reimburse providers when they have a brief communication using a technology-based service with a member, using HCPCS codes G2010 or G2012 Beginning Jan. 1, 2021, HCPCS codes G2250, G2251 and G2252 will be available CMS codes
Electronic Visits (e-visits)	Covered per Medicare guidelines.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	E-visits will be covered according to the member's benefit plan and the UnitedHealthcare standard telehealth/telemedicine reimbursement policy .	<ul style="list-style-type: none"> UnitedHealthcare will reimburse providers when members communicate with their doctors using online patient portals, using CPT® codes 99421–99423 and 98970–98972 For these e-visits, the member must generate the initial inquiry, and communications can occur over a 7-day period



*This date is subject to change, based on direction from CMS. ** Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance was provided, telehealth expansion ended June 18, 2020. ***State variations and requirements may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Current telehealth expansion and coverage (cont.)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans***	Additional details
Remote Patient Monitoring	Covered per Medicare guidelines.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	No telehealth expansion provisions are currently in effect. UnitedHealthcare is reimbursing telehealth services for remote patient monitoring according to the member's benefit plan and as outlined in our telehealth/telemedicine reimbursement policy .	<ul style="list-style-type: none"> UnitedHealthcare follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT® codes 99453, 99454, 99457, 99458, 99473, 99474 and 99091 eligible for reimbursement, according to the CMS Physician Fee Schedule
Chiropractic Therapy	Beginning Jan. 1, 2021, any originating site requirements outlined under Original Medicare will apply for both in-network and out-of-network providers.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	No telehealth expansion provisions are currently in effect. UnitedHealthcare is reimbursing telehealth services for chiropractic therapy according to the member's benefit plan and as outlined in our telehealth/telemedicine reimbursement policy .	
Hospice	Not applicable.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	No telehealth expansion provisions are currently in effect. UnitedHealthcare is reimbursing telehealth services for hospice according to the member's benefit plan and as outlined in our telehealth/telemedicine reimbursement policy .	<ul style="list-style-type: none"> UnitedHealthcare will reimburse services provided by hospice agencies for routine home care when rendered using interactive audio-video technology



*This date is subject to change, based on direction from CMS. **Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. If no state guidance was provided, telehealth expansion ended June 18, 2020. ***State variations and requirements may apply. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](#) for more details.

Current telehealth expansion and coverage (cont.)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans***
Home Health	<p>COVID-19 and Non-COVID-19 For in- and out-of-network providers, UnitedHealthcare will extend the expansion of telehealth access through the national public health emergency period, currently scheduled to end Oct. 12, 2022.</p> <p>Services must be performed using live, interactive audio-video while the patient is at home or a CMS originating site.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p>COVID-19 and Non-COVID-19 In-network testing and treatment: No telehealth expansion provisions for in-network COVID-19 services are currently in effect. As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in current CMS guidelines, and additional codes as outlined in our telehealth/telemedicine reimbursement policy.</p> <p>COVID-19 Out-of-network COVID-19 testing: For out-of-network providers, UnitedHealthcare will extend the expansion of telehealth access for COVID-19 testing through the national public health emergency period, currently scheduled to Oct. 12, 2022. Services must be performed using live, interactive audio-video while the patient is at home or a CMS originating site.</p> <p>Out-of-network COVID-19 treatment: No telehealth expansion provisions for out-of-network COVID-19 treatment are currently in effect. UnitedHealthcare is reimbursing telehealth services out-of-network home health therapy according to the member's benefit plan and as outlined in our telehealth/telemedicine reimbursement policy.</p>



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Current telehealth expansion and coverage (cont.)

Program or benefit scenario	Medicare Advantage*	Medicaid**	Individual and fully insured Group Market health plans***
Dental Vision Hearing	<p>As of Jan. 1, 2021, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare will cover all in-network and out-of-network telehealth services as outlined in the current CMS guidelines. Member benefit plan terms will apply.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><u>COVID-19</u> <u>In-network testing and treatment:</u> Beginning Jan. 1, 2021, through the national public health emergency period, currently scheduled to end Oct. 12, 2022, UnitedHealthcare is reimbursing in-network telehealth services, including originating site requirements, for COVID-19 testing and treatment in accordance with the member's benefit plan.</p> <p><u>Out-of-network COVID-19 testing:</u> UnitedHealthcare is extending the expansion of telehealth access for COVID-19 testing through the national public health emergency period, currently scheduled to end Oct. 12, 2022.</p> <p><u>Out-of-network COVID-19 treatment:</u> No telehealth expansion provisions are currently in effect. UnitedHealthcare is reimbursing out-of-network telehealth services according to the member's benefit plan.</p> <p><u>Non-COVID-19</u> No telehealth expansion provisions are currently in effect. UnitedHealthcare is reimbursing telehealth services for non-COVID-19 services according to the member's benefit plan, whether that treatment is provided by an in- or out-of-network provider.</p>



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Current timely filing provisions

Program or benefit scenario	Health plan*	Date details	Additional details
Timely filing extensions	Individual and Group Market health plans	UnitedHealthcare is following the IRS/DOL regulation related to the national emergency declared by the President. This regulation pauses the timely filing requirements clock for claims that would have exceeded the filing limitation during the national emergency period that began on March 1, 2020.*	<ul style="list-style-type: none"> Timely filing requirements have been extended an additional 60 days following the last day of the national emergency period.** This regulatory guidance has been issued by the IRS and the U.S. Department of Labor (Employee Benefits Security Administration). Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period**
Timely filing extensions	Medicare Advantage and Medicaid plans	UnitedHealthcare is following standard timely filing requirements.	<ul style="list-style-type: none"> If the Centers for Medicare & Medicaid Services (CMS) issues further guidance on timely filing, UnitedHealthcare will adhere to that guidance Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period** Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website.



* State variations and requirements may apply during this time. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. See UHCprovider.com/covid19 for more details. **The national emergency, as declared by President Trump, is distinct from the national public health emergency declared by the U.S. Department of Health and Human Services.

Current referrals and prior authorization provisions

Program or benefit scenario	Health plan*	Date details	Additional details
Referrals	Medicare Advantage	From March 1, 2020, through the national public health emergency period, currently scheduled to end Oct. 12, 2022.	<ul style="list-style-type: none"> For Medicare Advantage plans that require referrals to be entered into the UnitedHealthcare Provider Portal, we are not enforcing that requirement through Dec. 31, 2022, or the end of the COVID-19 national public health emergency period, whichever is later. As of August 1, 2022, coverage for out-of-network services treatment is adjudicated in accordance with the member's health plan.
	Medicaid	Not applicable.	<ul style="list-style-type: none"> Consistent with existing policy, members do not need a referral for emergency care Note that Florida, Maryland and Rhode Island have state requirements for referrals The latest advisories, updates and process changes from state health plans can be found on the UnitedHealthcare Community Plan pages, where you'll also find links to each state's resources
	Individual and Group Market health plans	Not applicable.	<ul style="list-style-type: none"> Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements continue to apply.
Diagnostic radiology for COVID-19 testing and testing-related services (diagnostic imaging)	Medicaid and Individual and Group Market health plans* No notice is necessary for Medicare	Prior authorization is not required through the national public health emergency period, currently scheduled to end Oct. 12, 2022.	<ul style="list-style-type: none"> Providers are asked to submit a notification for CPT® codes 71250, 71260, 71720 for members with a COVID-19 diagnosis or suspected diagnosis
Post-acute care admission, site of service reviews and transfers to a new provider	Medicare Advantage, Medicaid and Individual and Group Market health plans*	Normal prior authorization requirements are in effect.	<ul style="list-style-type: none"> Any temporary changes to these requirements that UnitedHealthcare may choose to put in place will be communicated directly to the impacted geographies and/or facilities.



* State variations and requirements may apply during this time. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's [UnitedHealthcare Community Plan website](#), if applicable. See [UHCprovider.com/covid19](#) for more details.

Appendix – Previous temporary business provisions

The following pages outline temporary program provisions and/or suspensions that UnitedHealthcare implemented in response to COVID-19.

All of these provisions and suspensions are no longer in effect. The information is included here simply for your reference.



Expired cost share waivers – Treatment

(copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans	Additional details
COVID-19 treatment	From Feb. 4, 2020, through March 31, 2021, UnitedHealthcare waived cost share (copay, coinsurance or deductible) for in-network and out-of-network services. This included telehealth, inpatient and outpatient COVID-19 treatment.	State requirements may have applied. Please refer to your state's COVID-19-specific website for more information.	<p>In network</p> <ul style="list-style-type: none"> From Feb. 4, 2020, through Oct. 22, 2020, UnitedHealthcare waived cost share (copay, coinsurance or deductible) for in-network and out-of-network services From Oct. 23, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost share for in-network services for inpatient and outpatient COVID-19 treatment From Jan. 1, 2021, through Jan. 31, 2021, UnitedHealthcare waived cost share for COVID-19 inpatient treatment at in-network facilities. (This includes UnitedHealthcare Individual Exchange health plans.) For inpatient admissions that begin before Jan. 31, 2021, cost share is waived until the patient is discharged. Beginning Feb. 1, 2021, cost share is adjudicated in accordance with the member's benefit plan <p>Out of network</p> <ul style="list-style-type: none"> From Feb. 4, 2020, through Oct. 22, 2020, UnitedHealthcare waived cost share for in-network and out-of-network services As of Oct. 23, 2020, out-of-network coverage is determined by the member's benefit plan <p>Implementation for self-funded customers may have varied.</p>	<ul style="list-style-type: none"> Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code Applies to observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care and skilled nursing facilities This applies to remdesivir and convalescent plasma administered consistent with Food and Drug Administration (FDA) authorizations for emergency use. See below for additional detail on monoclonal antibody treatment.
Monoclonal antibody treatment	Not applicable.	Not applicable.	UnitedHealthcare waived cost share (copay, coinsurance or deductible) for the administration (intravenous infusion) of monoclonal antibodies for in-network providers in outpatient settings from Nov. 24, 2020, through March 31, 2021.	<p>FDA-authorized treatments</p> <p>Bamlanivimab:</p> <ul style="list-style-type: none"> HCPCS code: Q0239 Administration code: M0239 <p>Casirivimab + Imdevimab:</p> <ul style="list-style-type: none"> HCPCS code: Q0243 Administration code: M0243



State variations and requirements may apply during this time. Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's UnitedHealthcare Community Plan website, if applicable. See [UHCprovider.com/covid19](https://www.uhcprovider.com/covid19) for more details. Dates are subject to change, based on the national public health emergency provisions.

Expired cost share waivers – Transportation (copays, coinsurance and deductibles)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans
Transportation	No cost share waivers have been enacted by UnitedHealthcare due to COVID-19. Coverage and cost share has been adjudicated in accordance with the member's health plan.	No cost share waivers have been enacted by UnitedHealthcare due to COVID-19. State requirements may have applied. Please check your state-specific website.	<p>From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost share for:</p> <ul style="list-style-type: none"> Emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related services Ground transportation from facility to facility (acute to acute or acute to post-acute) for patients with a positive COVID-19 diagnosis <p>From Jan. 1, 2021, through Jan. 31, 2021, UnitedHealthcare waived cost share for emergency ground transportation that resulted in an inpatient admission for COVID-19 treatment at an in-network facility.</p>

Expired cost share waivers – Medicare Advantage professional services (copays, coinsurance and deductibles)

Program or benefit scenario	Health plan*	Date details	Additional details
Primary care professional services	Medicare Advantage	From Oct. 1, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost share for primary care office-based professional services and primary care telehealth services.	<ul style="list-style-type: none"> This applied to in-network and covered out-of-network COVID-19 and non-COVID-19 services Urgent care and emergency room care copays were not waived
Office-based professional services	Medicare Advantage	From May 11, 2020, through Sept. 30, 2020, UnitedHealthcare waived cost share for all office-based professional services and telehealth services performed by both primary care physicians and specialists in certain categories only.	

Expired provisional credentialing provisions

Program or benefit scenario	Health plan*	Date details	Additional details
Provisional credentialing	Medicare Advantage, Medicaid and Individual and Group Market health plans	<p>From March 19, 2020 through June 30, 2021, in accordance with National Committee for Quality Assurance (NCQA) guidelines.</p> <p>Provisional Credentialing Requirements:</p> <ul style="list-style-type: none"> • Receipt of a completed application with a current attestation • Primary source verification of a current, valid license to practice • Review of malpractice history • Evidence of adequate professional liability insurance • Completion of the full credentialing process within 180 calendar days from when provisional credentialing was granted 	<p>UnitedHealthcare temporarily updated its credentialing policies and processes to help health care professionals go through the credentialing and contracting process more quickly, and to allow more time to complete recredentialing activities. The temporary provisions included:</p> <ul style="list-style-type: none"> • Provisional Credentialing: Implemented provisional credentialing for out-of-network, licensed independent practitioners who wanted to participate in one or more of our networks. The full credentialing process was then completed within 180 calendar days from when provisional credentialing was granted. <ul style="list-style-type: none"> • Care providers were required to check with the applicable professional licensing boards for guidelines on where they were able to practice during the COVID-19 health emergency. • Practitioners who came out of retirement to assist during staffing shortages needed to complete the provisional credentialing process. • Practitioners who were acting as Locum Tenens or practicing solely in a hospital setting did not require credentialing. • For practitioners who were already credentialed, we did not require additional credentialing to practice in a new location. This is because credentialing occurs at the practitioner level not at a location level. • Site visit requirements were waived for health care practitioners and facilities. We tracked all practitioners and facilities that were approved without a site visit to determine whether a visit will be required at a later time. If a site visit is needed, they will be contacted. • Facilities: For participating facilities that opened a new site, we did not require additional credentialing. For non-participating facilities seeking participation, we required credentialing but waived a site visit, if required. • Recredentialing Extension: The recredentialing cycle was extended by 2 months, to 38 months instead of 36, to allow practitioners additional time to respond to requests. • Delegated Credentialing Entities: These organizations were strongly encouraged to implement a provisional credentialing process similar to UnitedHealthcare's temporary process and policy changes.



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Resources

- Find the latest UnitedHealthcare COVID-19-related resources at UHCprovider.com/covid19
- Learn more about our reimbursement policies at UHCprovider.com/policies



For the most recent updates on COVID-19,
visit the [CDC](https://www.cdc.gov) and [World Health Organization](https://www.who.int).

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